

Name
in
Full

Johanna Almouy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New White Hall</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>27</u>	Years <u>68</u>	Age <u>68</u>	Months <u>4</u>	Days <u>15</u>	
Sex <u>Female</u>	Color or Race <u>White</u>				Birthplace <u>Maryland</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Albert J. B. Almouy</u>						
Father's Name	Father's Birthplace						
Mother's Maiden Name <u>Elizabeth Malpus</u>	Mother's Birthplace						
Name of person giving Information <u>Franklin</u>	How related to deceased						

CAUSES OF DEATH

64

How long

about 8 years

How long

died suddenly

PHYSICIAN
OR CORONER

Primary

Hemiplegia

Immediate

Cerebral Apsoplegia

Are the name, age, sex, color, date and place correctly given above?

yes

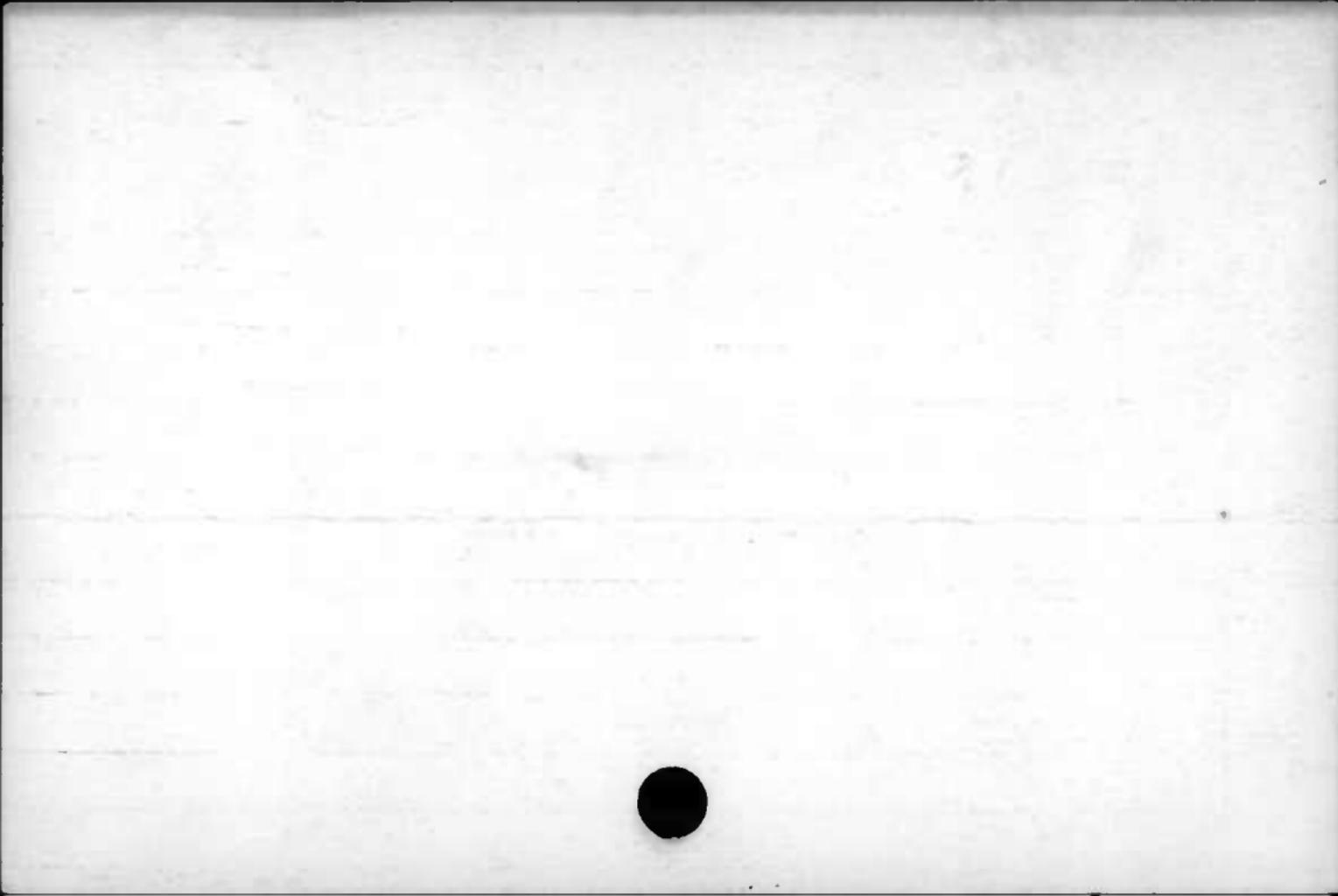
Signature of Physician

Address

U. Miller and Stirling

Baltimore
Md.

Accident or Suicide?



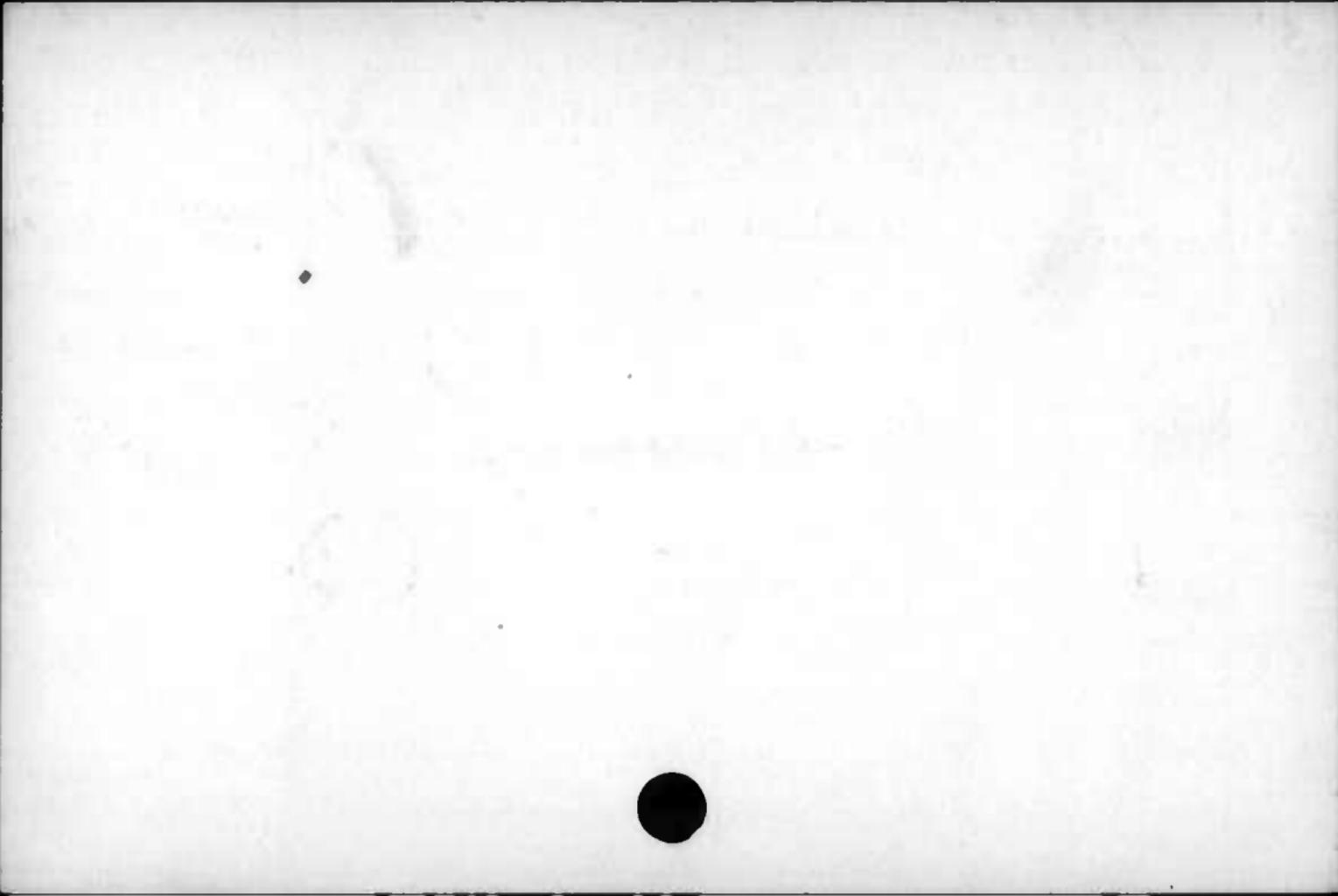
Name
in
Full

Premature Birth Among
Near Parkton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Parkton	Balt	Years	Months	Days
Date of death	1907	Month	10	Day	22
Age	—	Color or Race	white	Birth-place	Md
Occupation	—	Where Residing if not at place of death	—	—	—
Married, Single or Widowed	—	Name of Wife or Husband	—	(S)	Father's Birthplace
Father's Name	I dont know	—	—	—	Mother's Birthplace
Mother's Maiden Name	Alice Aldridge	—	—	Md	How related to deceased
Name of person giving information	Alice McFadden	—	—	Mother	—
CAUSES OF DEATH					
Primary	abortion 6 mths gone				
Immediate	How long				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R R Morris		
		Address	Parkton Md		
Accident or Suicide?					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

(Bachman), John				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death 1907	Month Oct	Day 19	Age 42	Years	Months	Days	
Sex Male	Color or Race white		Birth-place		Maryland		
Occupation Stevedore	Where Residing if not at place of death			<input checked="" type="checkbox"/>			
Married, Single or Widowed Married	Name of Wife or Husband Minnie Buley		Father's Birthplace			Link	
Father's Name Link				Mother's Birthplace			Link
Mother's Maiden Name Link				How related to deceased			wife
Name of person giving Information Minnie Buley							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paroxysm

67

How long

2 yrs.

Immediate

Exhaustion

How long

1 mo.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Rude
Leetonsville, Md

Accident or Suicide?

No

1st Evangelical Gem.
H. Sander Sons

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

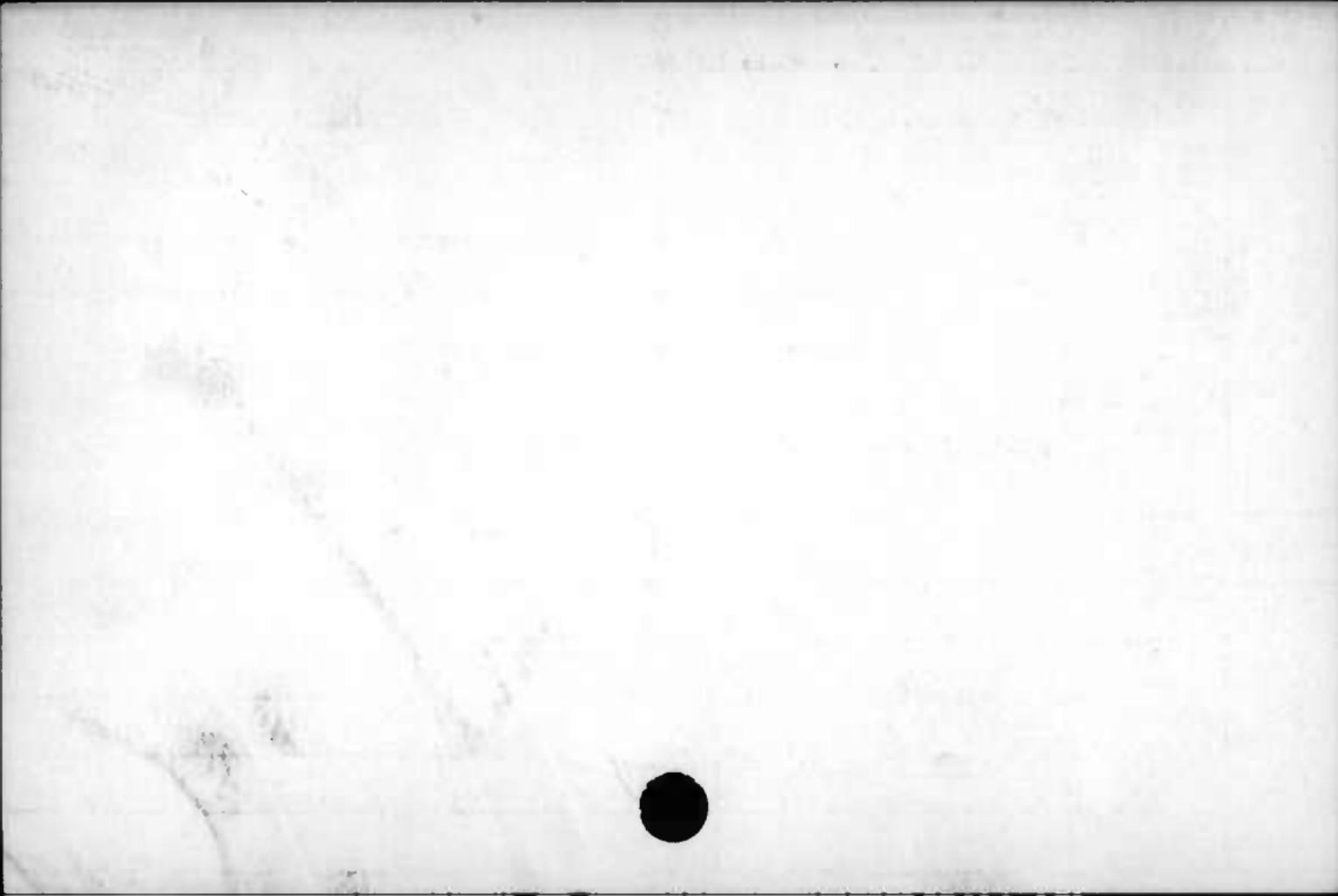
Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct.	Day 18	Years 1	Months 0	Days 11	
Sex	Male	Color or Race	White	Birth-place	Spring Point		
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	George J. Baile		Father's Birthplace	England			
Mother's Maiden Name	Lorraine Stanford		Mother's Birthplace	England			
Name of person giving information	Mrs. J. Baile		How related to deceased	Foster			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Fermentation-Diabetes		How long	11 weeks
Immediate	Infantile Atrophy		How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. C. Eldred M.D.
			Address	Spring Point
Accident or Suicide?				



Name
in
Full

Charles H. Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cold Spring Lane, Falls Road.		Balto.					
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Age	79	4	
Occupation	Dairy keeper		Where Residing if not at place of death	Cold Spring Lane			
Married, Single or Widowed	Married	Name of Wife or Husband	Deborah Baker				
Father's Name	Isaiah Baker		Father's Birthplace	Baltimore Co., Md.			
Mother's Maiden Name	Mary Ann Elswooth		Mother's Birthplace	Baltimore Co., Md.			
Name of person giving Information	Davis Baker		How related to deceased	Son			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Gastric carcinoma

How long

2 yrs

Immediate

Asthenia

How long

Brand

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Duncan MacBaldwin

1107 Madison Ave
Baltimore Md

Accident or Suicide?

Neither

Henry W. Means and Son
105 Calvert St. Baltimore,
Dunlap Ridge Cemetery

Name
in
Full

Robert Baldwin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Relay	Baltimore Co			
Date of death	Month	Day	Years	Age	Months	Days
1907	October	4		about 57		
Sex	Color or Race	White		Birth-place	Maryland	
Occupation	Boggoge Master		Where Residing if not at place of death	Boggsen St Baltimore Md		
Married, Single or Widowed	Name of Wife or Husband					
Married						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				Related to deceased		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Railpond accident skyde crushed and body smashed		How long	one minute
Immediate	some		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Arthur Williams	
		Address	Elk Ridge Howard Co Md	
Accident or Suicide?		accident		

Name
in
Full

William Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Killed at Sparks station</u>		<u>Town</u>	<u>Baltimore</u>	<u>County</u>	<u>MARYLAND</u>					
<u>Date of death</u>	<u>1907</u>	<u>Month</u>	<u>October</u>	<u>Day</u>	<u>16</u>	<u>Years</u>	<u>Age unknown</u>	<u>Months</u>	<u>" "</u>	<u>Days</u>
<u>Sex</u>	<u>Male</u>	<u>Color or Race</u>	<u>Colored</u>		<u>Birth-place</u>	<u>unknown</u>				
<u>Occupation</u>	<u>Coachman</u>		<u>Where Residing if not at place of death</u>			<u>near Glencoe</u>				
<u>Married, Single or Widowed</u>	<u>Single</u>	<u>Name of Wife or Husband</u>								
<u>Father's Name</u>	<u>unknown</u>					<u>Father's Birthplace</u>	<u>unknown</u>			
<u>Mother's Maiden Name</u>	<u>" "</u>					<u>Mother's Birthplace</u>	<u>" "</u>			
<u>Name of person giving Information</u>	<u>Baker Mrs Sparks</u>					<u>How related to deceased</u>	<u>none</u>			

CAUSES OF DEATH

(166)

How long

14

How long

PHYSICIAN
OR CORONER

Primary

Killed by train

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

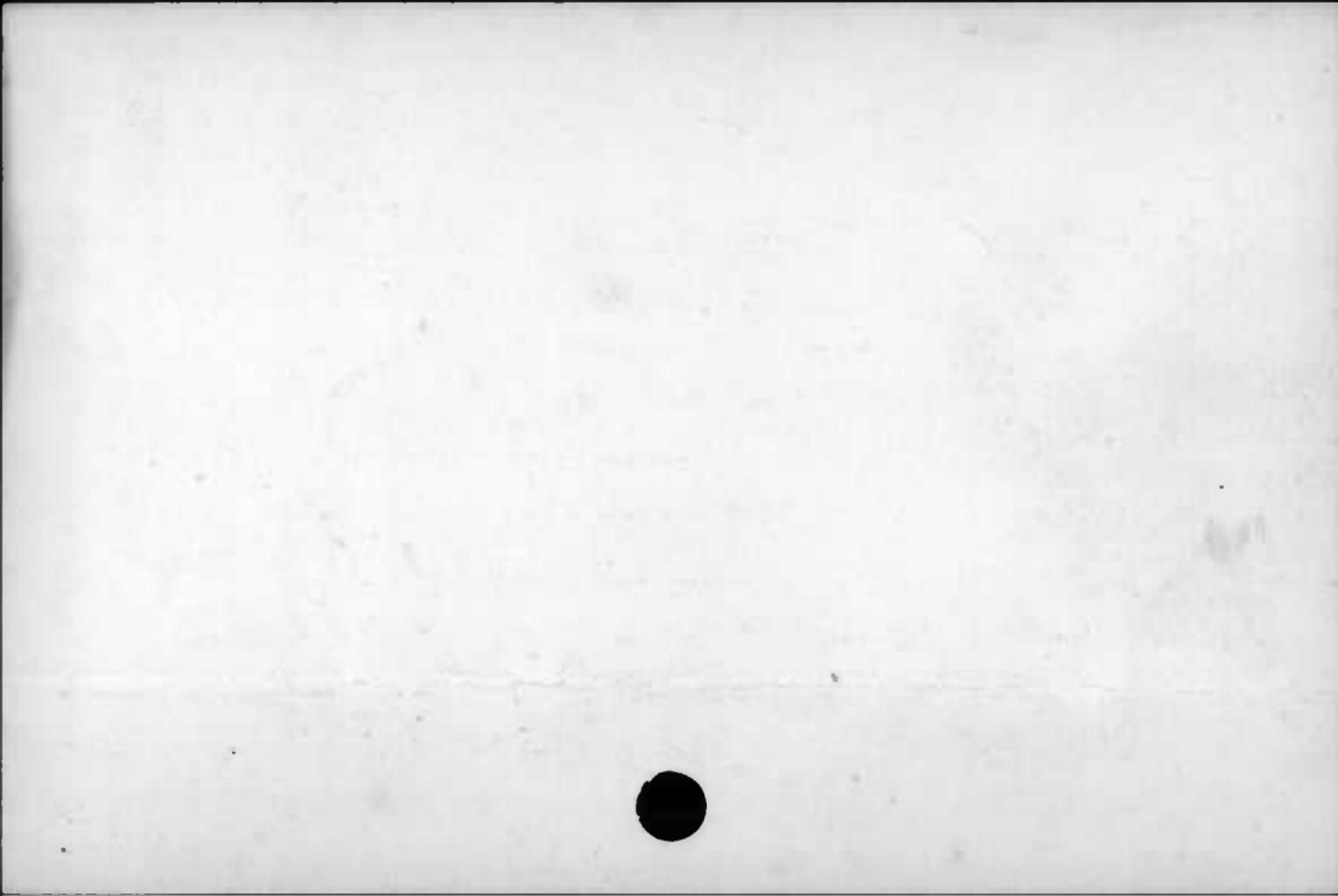
Signature of
Physician

no Physician

Address

John de la Souchon

Accident or Suicide? Accident



Name
in
Full

Bernard. Fisby. Bedford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Orange.	Baltimore				
Date of death 1907 October	Month 12	Day 12	Years —	Months 6	Days 6
Sex Male	Color or Race Colored	Birth-place Baltimore County			
Occupation No occupation	Where Residing if not at place of death Grand Baltimore County, Md				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Sammie Bedford	Father's Birthplace Balt Co Md				
Mother's Maiden Name Florence Fisby	Mother's Birthplace Balt City Md				
Name of person giving information Mary E Fisby	How related to deceased Grandmother				

CAUSES OF DEATH

105

How long

3 weeks

How long

Primary

Bilious Infantum

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

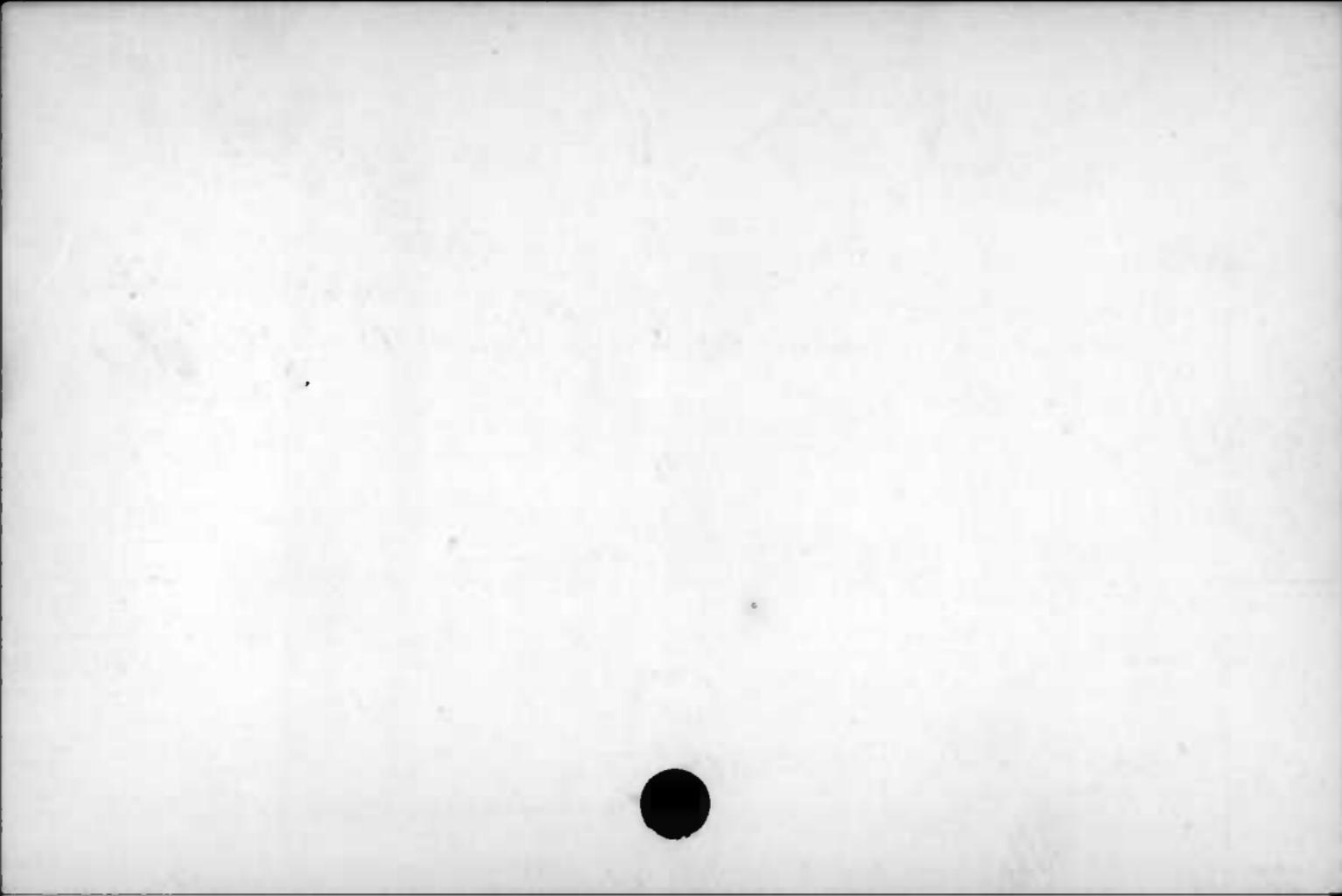
David A. Thompson, Esq.

Address

1500 Highland Ave,
Baltimore County, Md

OR CORONER

Accident or Suicide?



Name
in
Full

George M. Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907		Month 10	Day 19	Years 67	Months 11	Days 6	
Sex	Male	Color or Race	White	Birth-place	Richmond Va.		
Occupation	Printer		Where Residing if not at place of death	Pikesville Md			
Married, Single or Widowed	Victor	Name of Wife or Husband	Do not Know				
Father's Name	Do not Know		Father's Birthplace	Do not Know			
Mother's Maiden Name	Do not Know		Mother's Birthplace	Do not Know			
Name of person giving Information	H. St. Mathews		How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

66

How long

Do not know

Immediate

Paralysis

How long

" "

Are the name, age, sex, color, date and place correctly given above?

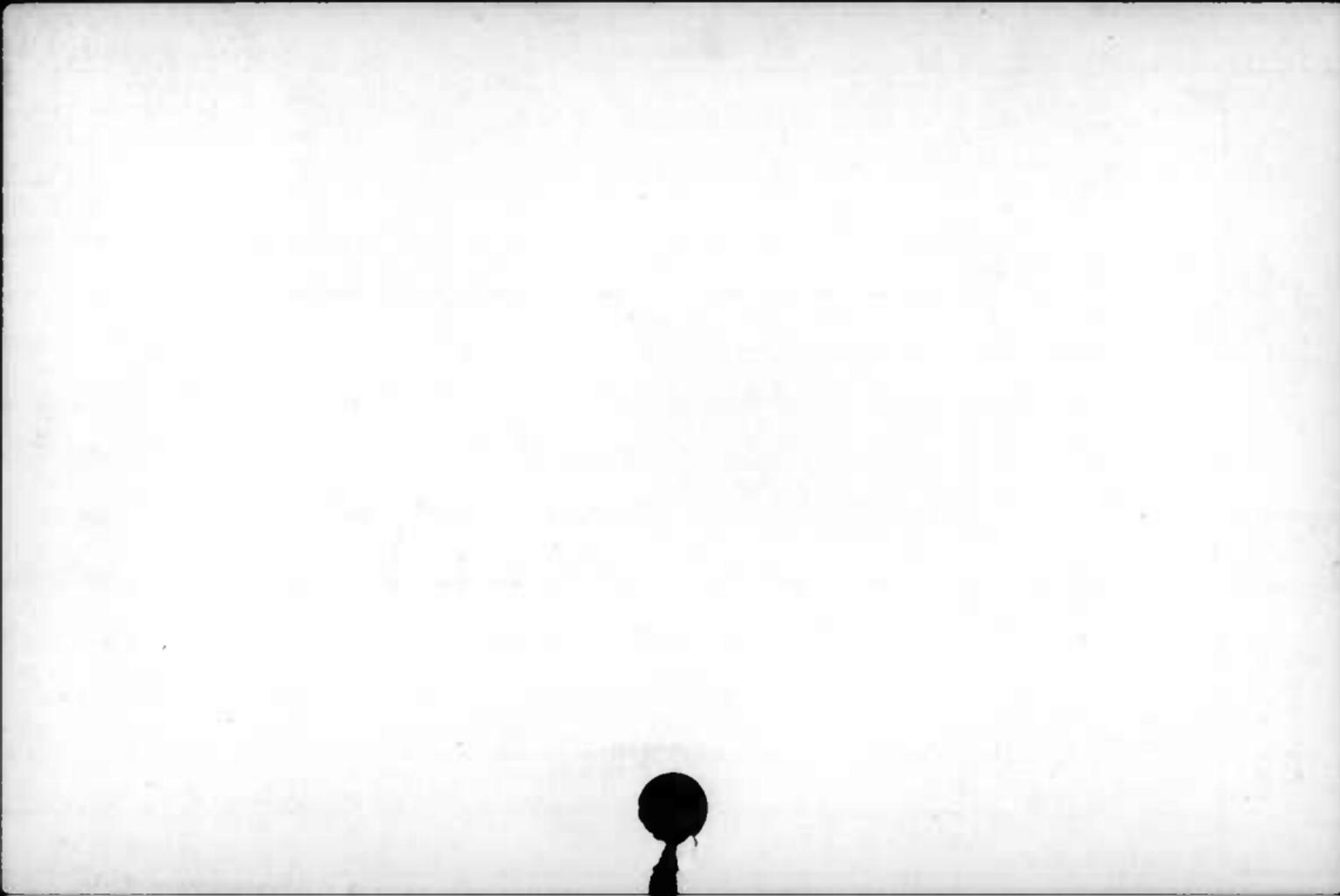
yes

Signature of Physician

Address

W. St. Mathews
Pikesville Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Orugusta</u> Town <u>Carlton</u>			Place <u>Blümke</u> County <u>Baltimore</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>9</u>	Years	Months	Days		
Sex <u>Female</u>	Color or Race <u>White</u>	Age		Birth-place			
Occupation <u>None</u>	Where Residing if not at place of death <u>Baltimore</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>August Blümke</u>	Father's Birthplace <u>Germany</u>						
Mother's Maiden Name <u>Fredericka Markwart</u>	Mother's Birthplace <u>Germany</u>						
Name of person giving information <u>August Blümke</u>	How related to deceased <u>Father</u>						
CAUSES OF DEATH							
Primary	<u>Wasting disease</u> - 151						
Immediate	<u> </u>						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>D.avid A. Thompson</u> Address <u>1500 Highland Ave</u> <u>Baltimore County MD</u>			
<u>Yes</u> -							
Accident or Suicide?							

PHYSICIAN
OR CORONER

1st Evangelical Sem
H. Sanderson

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Eunice A. Bocover		CERTIFICATE OF DEATH			
Died at		Town	County	Baltimore			
Date of death	1907	Month	Oct.	Day	4	Years	37
Age	37	Months	—	Days	—	—	—
Sex	Female	Color or Race	White	Birth- place	Baltimore City		
Occupation	Housewife		Where Residing if not at place of death	Hamilton			
Married, Single or Widowed	Married	Name of Husband	John F. Brown				
Father's Name	John W. Giles		Father's Birthplace	Baltimore			
Mother's Maiden Name	Harriet Griffeth.		Mother's Birthplace	Accommodation			
Name of person giving Information	Laura A. Wheeler.		How related to deceased	Sister			

CAUSES OF DEATH

(29)

Tuberculosis of bowel

How long

1 year

Exhaustion

How long

over a year

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm D Case

Gordenville
Md

Accident or Suicide?

~~Allen~~
~~W.H.~~
~~nearby field~~

Miss. Cemetery.

Oct. 7/07

Wm Cook
Wor. North, Ill.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Catorville		Baltimore				
Date of death	1907 Oct	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Age	4	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	Place of death			
Father's Name	Henry Cook Brown			Father's Birthplace	Baltimore City	
Mother's Maiden Name	Frances Palmer Singer			Mother's Birthplace	Philadelphia	
Name of person giving Information	J. Chat Maegil			How related to deceased	Physician	

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary

Membranous Croup

How long

2 days

Immediate

Asphyxia

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

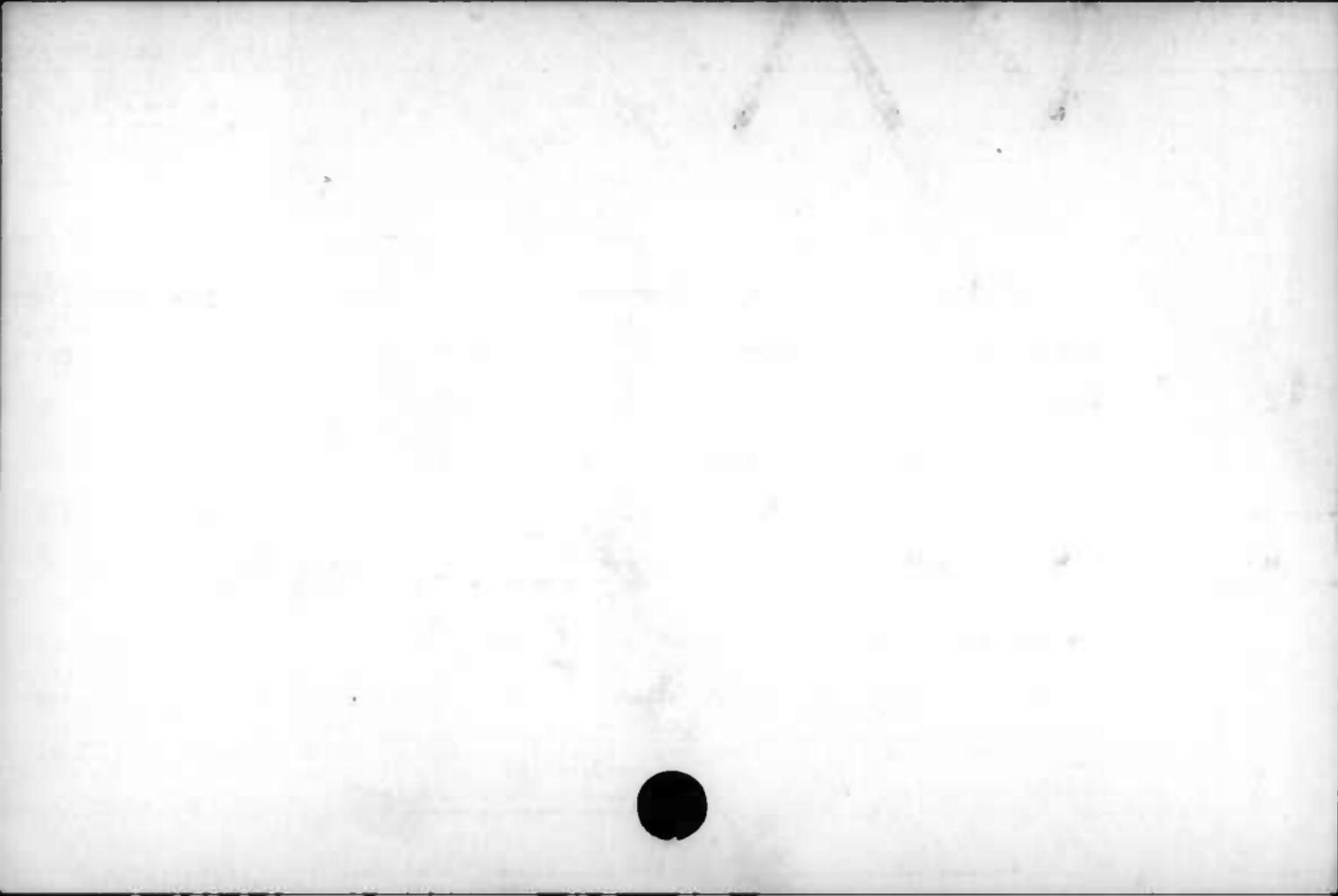
Yes

Signature of Physician

Address

J. Chat Maegil
Catorville

Accident or Suicide?



Name
in
Full

Brown (infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arbutus</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>29</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>14</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Arbutus</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>John Brown</u>	Father's Birthplace <u>Virginia</u>						
Mother's Maiden Name <u>Elizabeth Lawson</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Elizabeth Brown</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature infant

(157)

How long 6th month of pregnancy

Immediate —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. R. Eareckon
Eck Ridge

Accident or Suicide?



Name
in
Full

Marion Emily S. Buck.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 21	Years 76	Months 3	Days
Sex	Female	Color or Race	White	Birth-place		
Occupation	Housewife.			Where Residing if not at place of death	Arlington	
Married, Single or Widowed	Married	Name of Wife or Husband	Delia, 1 st Daughter, S.C.			
Father's Name	John W. Ridgeley			Father's Birthplace	Cattaraugus Co.	
Mother's Maiden Name	Sarah Folger			Mother's Birthplace	N.Y.	
Name of person giving information	H. F. Palmer			How related to deceased	Daughter	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

Years.

Immediate

Exhaustion & Nervous

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

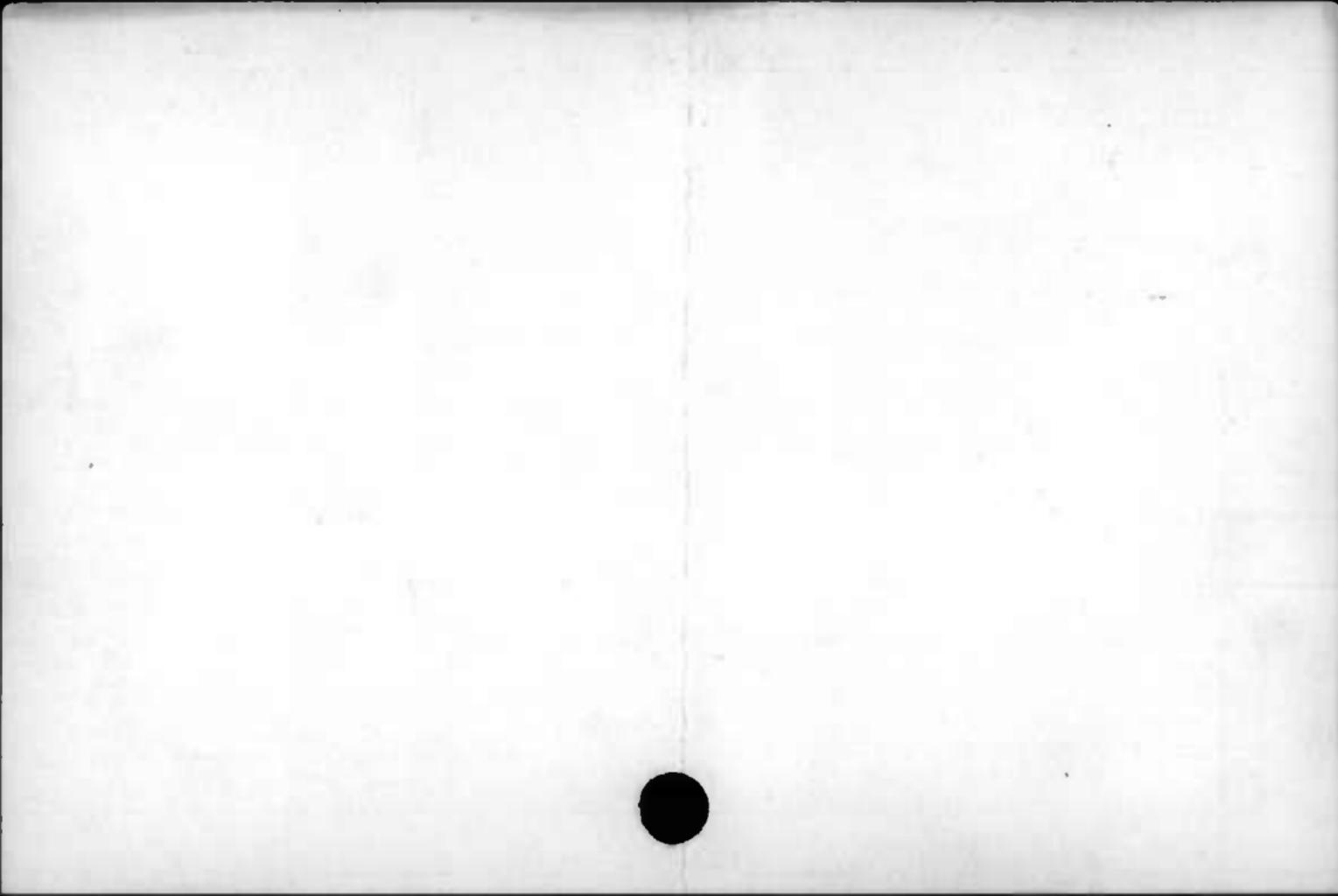
Yes.

Signature of Physician

Address

Wolox and
Arlington

Accident or Suicide?



Name
in
Full

Emily F. Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Arlington, Md.			
Father's Name	William W. Buck, Sr.				
Mother's Maiden Name	Mass.				
Name of person giving Information	How related to deceased				

1909 18 21 96 5

Female White Baltimore Co. Md.

None

Married William W. Buck, Sr.

John W. Ridgely Baltimore Co. Md.

Emily Folger Mass.

William W. Buck, Sr. Husband

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile Degeneration		How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Suffocation		Address	
Accident or Suicide?		Baltimore, Md.	

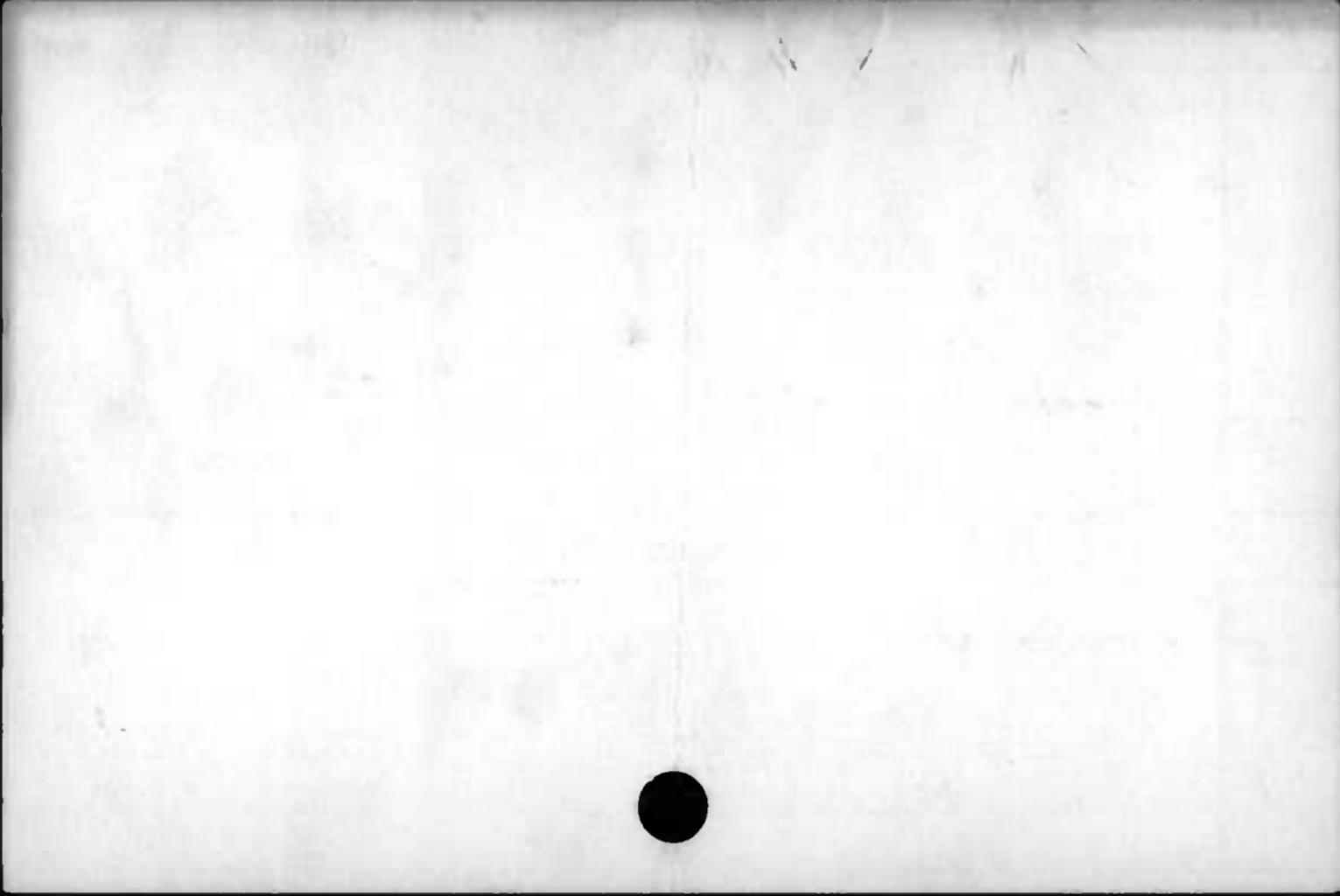
Gradual

Two months

Merle G. Hill

Stan E.

Baltimore, Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John S. Burns						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Age	21	4	21
Occupation	Tele. Operator, N.C.R.						
Married, Single or Widowed	Single	Where Residing if not at place of death					
Father's Name	John J. Burns						
Mother's Maiden Name	Mary J. Wise						
Name of person giving Information	John J. Burns						
CAUSES OF DEATH							
Primary	Typhoid Fever						
Immediate	Pneumonia						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
yes				Address			
Accident or Suicide?							

PHYSICIAN
OR CORONER

1

How long
Three weeks

How long
12 hours

W. H. Burns M.D.
Parkton, Md.



Name
in
Full

William Barter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Poplar Heights	Baltimore	Months	Days	
Date of death	1907 October	Age 80			
Sex	Male	Color or Race	Birthplace	Anne Arundel Co.	
Occupation	Labourer	Where Residing if not at place of death	at place of death Baltimore		
Married, Single or Widowed	Married	Name of Wife or Husband	Maria Barter		
Father's Name	Don't Know		Father's Birthplace	Don't Know	
Mother's Maiden Name	Don't Know		Mother's Birthplace	Don't Know	
Name of person giving Information	Maria Barter		How related to deceased	Wife	

CAUSES OF DEATH

154

How long

Infirmities due to

Immediate

Old Age

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

David A. Thompson
1520 Highland Ave
Baltimore County Md

Accident or Suicide?

Dr. Carl Athy

No 2 Hudson street

get permit

Name
in
Full

Michael Cashman S. J.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			-
Father's Name	Don't Know			Don't Know	
Mother's Maiden Name	Don't Know			Don't Know	
Name of person giving information	How related deceased			none	
CAUSES OF DEATH					
Primary	40			How long	
Immediate	Hepatic Carcinoma			3 years	
Exhaustion & Cough			How long		few hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

James L. Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>4</u>	Age <u>57</u>	Years <u></u>	Months <u></u>	Days <u></u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>			
Occupation <u>Shoemaker</u>	Where Residing if not at place of death <u>Pikesville</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>						
Father's Name <u>Do not know</u>	Father's Birthplace <u>Do not know</u>						
Mother's Maiden Name <u>" " "</u>	Mother's Birthplace <u>" " "</u>						
Name of person giving Information <u>H. H. Mathews</u>	How related to deceased <u>None</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

several years

Immediate

General debility

How long

on mouth

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Mathews
Pikesville Md.

Accident or Suicide?



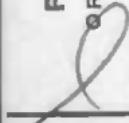
Name
in
Full

Mary Cooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at		Town	County		MARYLAND	
Died at	Hot Washington	Balt.				
Date of death	1907	Month 10	Day 12	Years 35	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	Home duties		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	John Cooney			
Father's Name	John Welsh		Father's Birthplace	Ireland		
Mother's Maiden Name	Mary Stanton		Mother's Birthplace	Ireland		
Name of person giving Information	John Cooney		How related to deceased	Husband		

CAUSES OF DEATH

27

Primary	Pulm. Tuberculosis		How long	1 yr.
Immediate	Exhaustion		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O H Becton M.D.	
		Address	Hot Washington Md	
Accident or Suicide?				

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers.

606 & 608 W. LaFayette Av.

TELEPHONE 1993.

OCT 14 1907

St. Mary's Cemetery

Name
in
Full

James Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 26	Years 72	Months 9	Days 26
Sex	Male	Color or Race	White	Birth-place	Balto Co Md	
Occupation	Farmer		Where Residing if not at place of death	Clara E. Cooper		
Married, Single or Widowed	Name of Wife or Husband		James Cooper			
Father's Name	Clara E. Armacost		Father's Birthplace	Balto Co		
Mother's Maiden Name	John M. Cooper		Mother's Birthplace	Balto Co		
Name of person giving information	65		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Softening

2 Month

Immediate

2 Weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. W. Hunter

Parkton P. O.

Balto Co.

Accident or Suicide?

Name
in
Full

James Cure

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month Oct	Day 23	Years 21	Months — Days —
Sex	Male	Color or Race	Colored	Birth-place	Howard Co
Occupation	Waiter.	Where Residing if not at place of death		Catonsville Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Smith Cure.		
Father's Name	Leve Cure			Father's Birthplace	Howard Co
Mother's Maiden Name	Martha Cure			Mother's Birthplace	" "
Name of person giving Information	Martha Cure			How related to deceased	Mother
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	Aphthaea				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
yes		Marshall B West,	1 day		
		Address	1 month		
Accident or Suicide?					

27

PHYSICIAN
OR CORONER

Accident or Suicide?

Easton Sons.

Free Open
Forward Co.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Henry F Dammyer

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Graystone		Baltimore					
Date of death	1907	Month 10	Day 7	Years 47	Months 9	Days 7	
Sex	male	Color or Race	White	Birth-place	Hamburg Germany		
Occupation	Watchman R.R.		Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Sarah ann Dammyer		Father's Birthplace	Germany	
Father's Name	Wm. albert Dammyer				Mother's Birthplace	"	
Mother's Maiden Name	Sophia Iceberge				How related to deceased	Wife	
Name of person giving Information	Sarah ann Dammyer				(27)		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About ten years

Immediate

Tubercular Pneumonia

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

yes

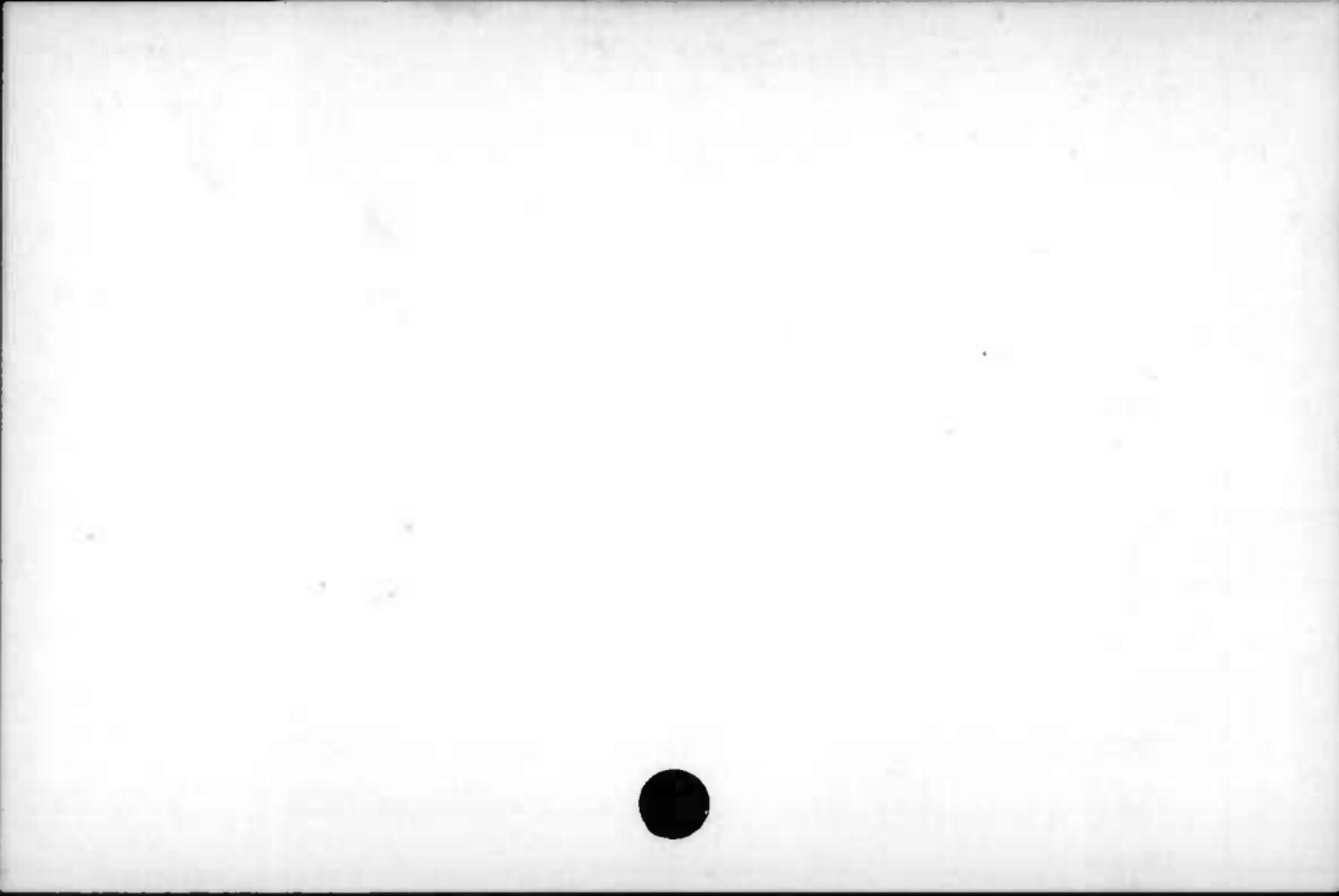
Signature of Physician

Address

EW F Hyde M.D.

Parkton

Accident or Suicide?



Name
in
Full

Margaret L. Deems

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

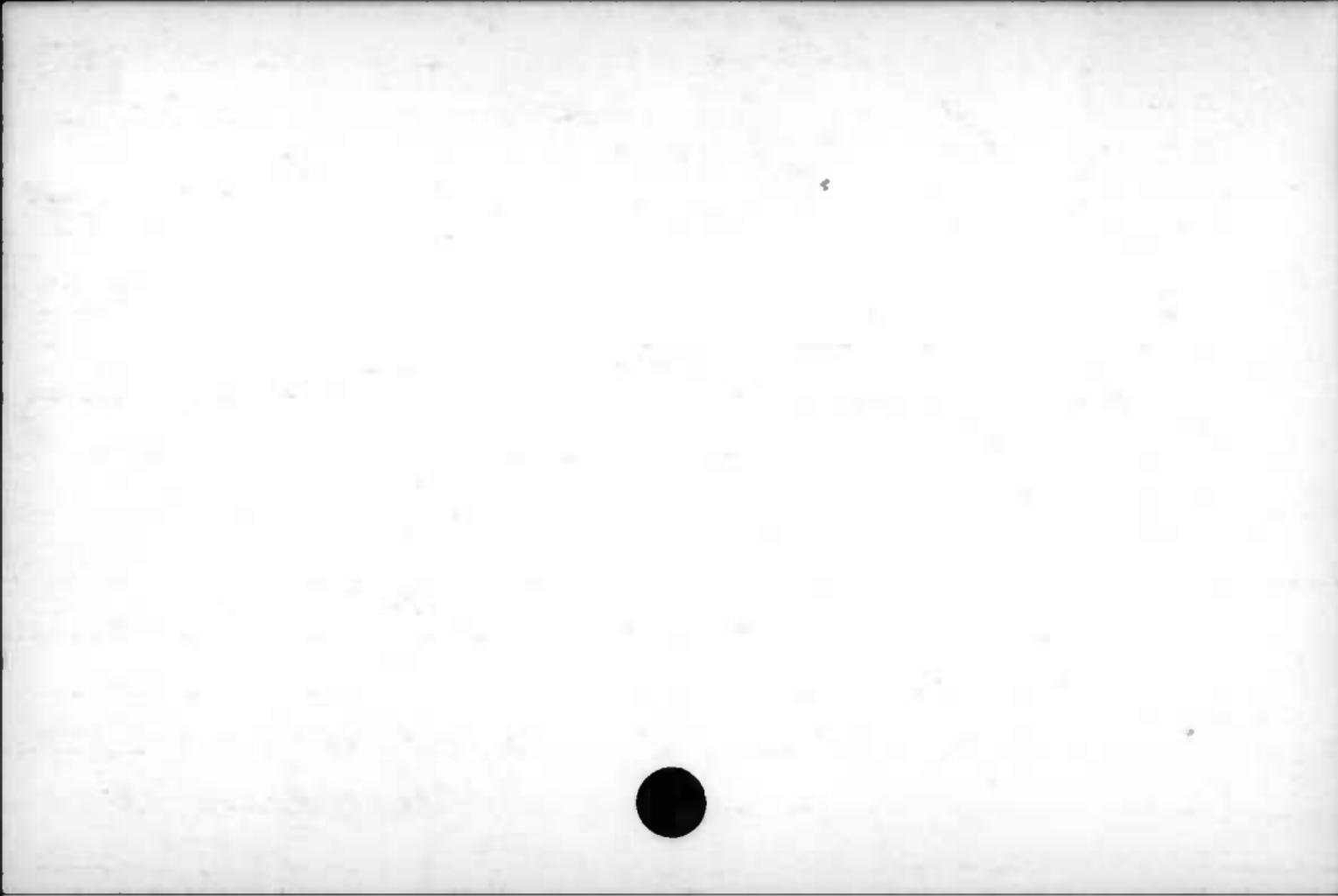
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct	Day 10	Years 64	Months 4	Days 2	
Sex	Female	Color or Race	White		Birth-place	Baltimore Md	
Occupation	Housekeeper		Where Residing if not at place of death			John Deems	
Married, Single or Widowed	Married	Name of Wife or Husband	John Deems				
Father's Name	Christian Goetz		Father's Birthplace			Germany	
Mother's Maiden Name	Mary Goetz		Mother's Birthplace			Germany	
Name of person giving Information	John Deems		How related to deceased			Husband	

CAUSES OF DEATH

79

Primary	Valvular Disease of Heart		How long	ten years
Immediate	Emphysema of Lungs			One hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Edgar G. Darling	
		Address	Lauraville Md	
Accident or Suicide?				



Name
in
Full

James Elmer Dribel

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Ashland

Town

Baltimore

County

MARYLAND

Date
of death 1907

Month

Day

Years

Months

Days

11

1

10

4

Age

Sex

Male

Color or
Race

White

Birth-
place

Ellicott City

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

August Dribel

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Guergianna Keys

Mother's
Birthplace

Baltimore

Name of person giving
Information

James Dribel

How related
to deceased

Mother

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia

2 weeks

Immediate

Cerebral hemorrhage

8 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. M. R. Baisden
Cockeysville
Md

Accident or Suicide?

Neither

Interment at
Texas Cemetery
Saturday Oct 12

Will you receive the
other Cards
Yours &c H. C. Brook

Name
in
Full

Mary E. Denbow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Franklinville	Baldo					
Date of death	1907 Oct	Month	Day	Years	Months	Days	
			6	76	✓	20	
Sex	Female	Color or Race	white	Birth-place	Md.		
Occupation	housewife		Where Residing if not at place of death	Same			
Married, Single or Widowed	widowed	Name of Wife or Husband	John	Denbow			
Father's Name	Julia Scott		Father's Birthplace	Md.			
Mother's Maiden Name	Lee		Mother's Birthplace	Md.			
Name of person giving information	Laura Toker		How related to deceased	Daughter			

CAUSES OF DEATH

79

How long

3 years

How long

Some weeks

PHYSICIAN
OR CORONER

Primary

organic heart disease

Immediate

heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

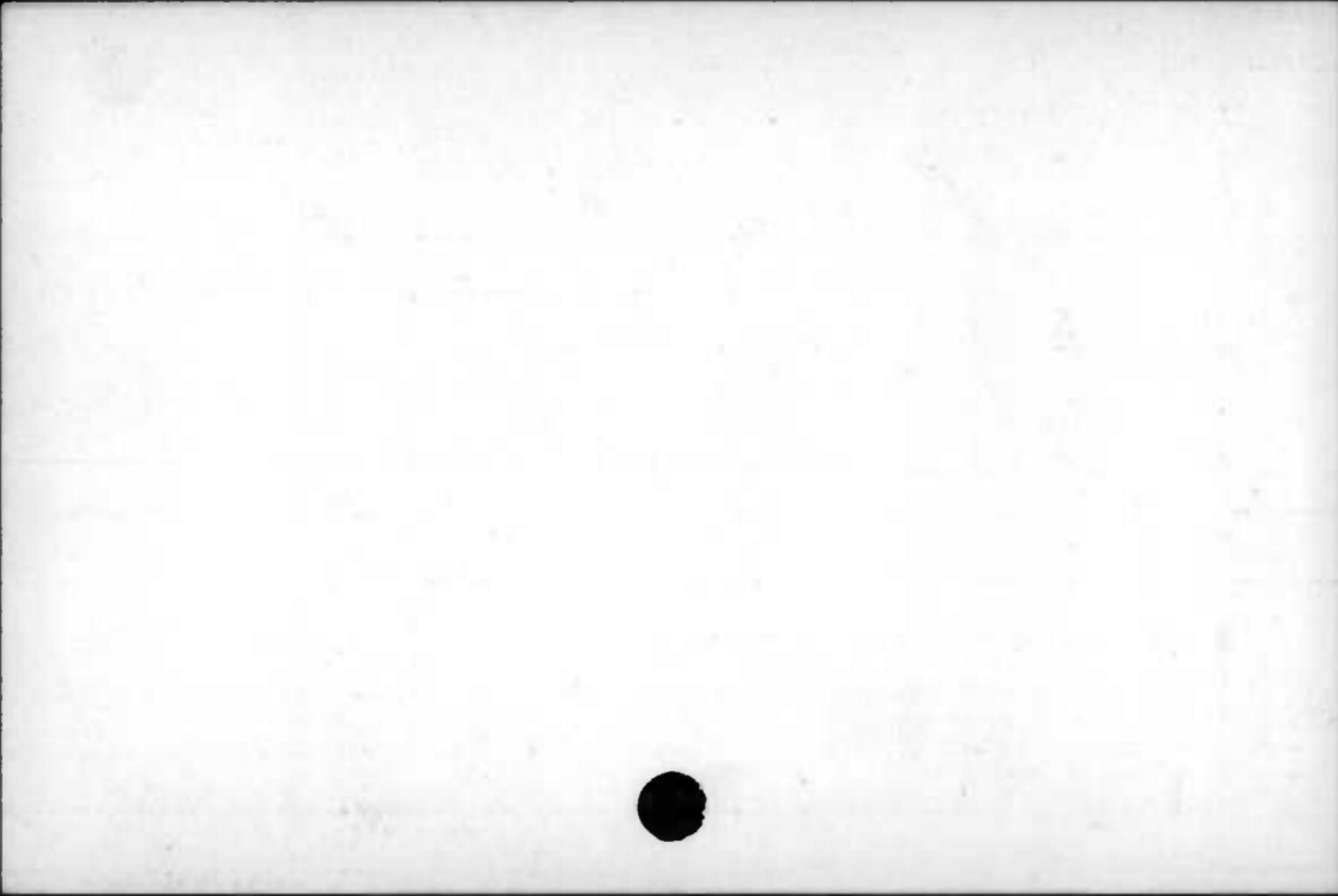
Signature of Physician

Dr. F. H. Gorsuch

Address

Fox St. Md.

Accident or Suicide?



Sarah E. Delius

Baltimore County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Mt. Winans

Town

County

MARYLAND

Date of death 1907

Month

Day

Years

Months

Days

Age 33 more or less

Sex Female

Color or
Race

White

Birth-
place

Howard County

Occupation

Housewife

Where Residing if not
at place of death

Mt. Winans

Married, Single
or Widowed

Married

Name of Wife or
Husband

Charles Delius.

Father's
Name

Elijah Wood

Howard Co.

Mother's
Maiden Name

Sarah E. Wood.

Howard Co.

Name of person giving
Information

Chas Delius

How related
to deceased
Husband

CAUSES OF DEATH

90

How long
3 weeksHow long
8 days.

Primary

Capillary Bronchitis

Immediate

Catarrhal Pneumonia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Budeker, M.D.

Address

914 N. Fayette St.

Accident or Suicide?

Rob Brunk
Stone
Landon Park

Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 1 st	Years 2	Months 2	Days 6
Sex	Male	Color or Race	White	Birth-place	Highland St	
Occupation				Where Residing if not at place of death	806 Clinton St.	
Married, Single or Widowed	S.	Name of Wife or Husband				
Father's Name	John Doerfler			Father's Birthplace	Germany	
Mother's Maiden Name	Catherine Bins			Mother's Birthplace	..	
Name of person giving Information	John Doerfler			How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Organic,

immediate

Chorea 'infantum'

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

W.C. McElroy M.D.
618 S. Clinton St.

Accident or Suicide?

Neudell Sippel Sons
Sacred Heart County

Name
in
Full

Edith Lee Dorsey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 11	Years 22	Months 4	Days 16
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	None	Where Residing if not at place of death			Annapolis Junction	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Md.	
Father's Name	Lloyd Egbert Dorsey			Mother's Birthplace	Md.	
Mother's Maiden Name	Laura Wartlington			Name of person giving information	How related to deceased	
W.P. Denton, Jr		None		W.P. Denton, Jr	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exhaustion (or) 68	How long	3 mos
Immediate	Cardiac Failure	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.P. Denton, Jr
Yes		Address	Towson, Md
Accident or Suicide?		No.	

"Depressio Affectio" (Manic
Depressive Psychiatry)
Exhaustion of denitration -
"Cause Failure - Death"

G. F. Stewart ^{W.R. Dunton Jr.}
723 W Lafayette St.
Balt. Md.

to

Annapolis Junk
Md.

Name
in
Full

Andrew Dosch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
1907	Month	Day	Baltimore		Months	Days
Sex	Male	Color or Race	White	Birth-place	Balto. Md	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	M.	Name of Wife or Husband	andrea	andrea	Dosch	
Father's Name	Michael Dosch			Father's Birthplace	Germany	
Mother's Maiden Name	Not known			Mother's Birthplace	Germany	
Name of person giving Information	James Seaton			How related to deceased	Son in law	

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Gangrenous condition of the Pains		3 months 18 days
Immediate	Congestion of the Lungs		21 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes -		Morris Abramovitz M.D.	
Accident or Suicide?		Address	1026 E. Baltimore St. Balto. Md.
LIBRARY BUREAU 488816			

310 S. Clinton st.

1907
74
33

Name
in
Full

Mary Alcey Duke.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mt Washington.		
Father's Name	Era.			
Mother's Maiden Name	Md.			
Name of person giving Information	none.			

1907 Oct. 28 61 Md.

Female White

Horsekeeper.

Single.

Green Harris Duke.

Elizabeth Ogle.

Mrs. M. E. Baudle.

CAUSES OF DEATH

Primary

Bright's Disease.

120

How long

Years.

Immediate

Trunia

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Mooreland
Arlington.

PHYSICIAN
OR CORONER

Accident or Suicide?

Frederick Tid
Och. 30907
Wauwat

Name
in
Full

Cath E Dunned

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fulterton</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907 Oct 14</u>	Month <u>Oct</u>	Day <u>14</u>	Age <u>67</u>	Years <u>67</u>	Months <u>1</u>	Days <u>9</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>Fulterton</u>		Birth-place <u>Germany</u>			
Occupation <u>Housework</u>	Name of Wife or Husband <u>August Dunned</u>		Father's Name <u>John Brockhurst</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>August Dunned</u>		Father's Birthplace <u>Germany</u>				
Father's Name <u>John Brockhurst</u>	Mother's Maiden Name <u>Not Known</u>		Mother's Birthplace <u>"</u>				
Name of person giving information <u>June L. Lorraine</u>		How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grief & Dystoechia

(10)

How long

2 weeks

Immediate

Pneumonia

How long

8 days

Are the name, age, sex, color, date and place correctly given above?

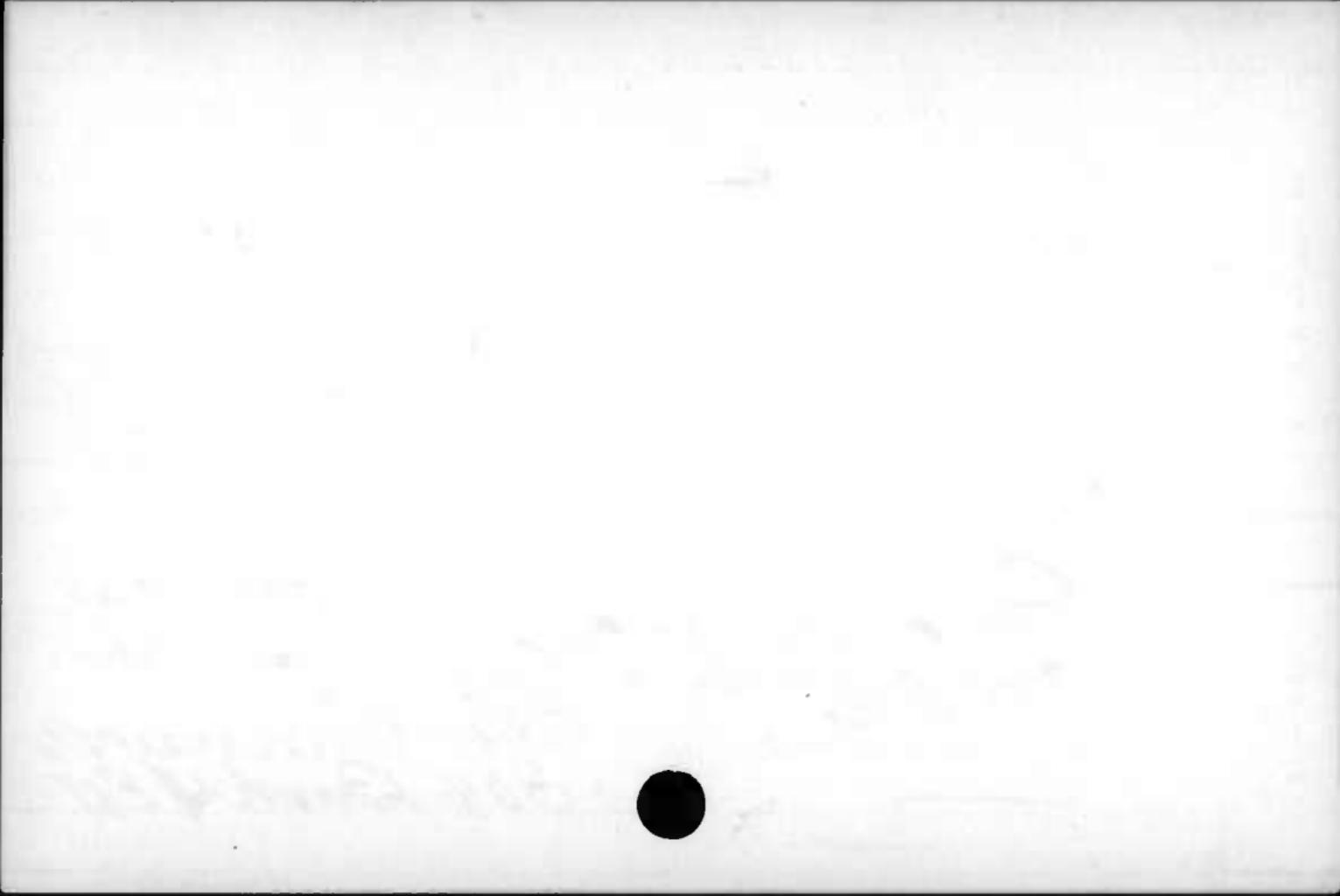
Yes

Signature of Physician

Address

John D. Corre
Gardenville

Accident or Suicide?



Name
In
Full

Maurice E. Eckstein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Highlandtown		Balto				
Date of death	190	Month 10	Day 27	Years 2	Months	Days 5
Sex	Male	Color or Race	White	Birth- place	Craggsville	
Occupation			Where Residing if not at place of death	431	Center Pl,	
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Chas. F. Eckstein		Father's Birthplace		Balto	
Mother's Maiden Name	Catherine Smith		Mother's Birthplace		a also	
Name of person giving Information	Chas. F. Eckstein		How related to deceased		Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	6 day
Immediate	Confection Lamp		How long	for burns
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Samuels	
		Address	304 Bank St E	
Accident or Suicide?				

Oak Lawn Cemetery
Herrwig son
10/29/07

Name
in
Full

Not Named (Infant) Ensor CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	Oct.	25	no	no	4 hr.	
Sex	Female	Color or Race	white	Birth-place	Maryland	
Occupation	None	Where Residing if not at place of death				

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Herbert Ensor

Father's Birthplace

Md.

Mother's Maiden Name

Nellie Marshall

Mother's Birthplace

Md.

Name of person giving Information

Herbert Ensor

How related to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

151

How long

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas. L. Gagle,
New Freedom,
Pa.

PHYSICIAN
OR CORONER

Accident or Suicide?

✓

Name
in
Full

Francis Edward Farley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 23	Years	Months	Days
Sex	Male	Color or Race	White		10 hours	
Occupation	Rufous		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Francis Edward Farley		Father's Birthplace		Hammond Md	
Mother's Maiden Name	Anne M. Stoh		Mother's Birthplace		Whitbyall Md	
Name of person giving information	(Father) Francis E. Farley		How related to deceased		Father	

CAUSES OF DEATH

130

Primary	Congenital malformation heart		How long	10 hours
Immediate	Convulsions		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. R. B. Brandon
			Address	Cockeysville Md
Accident or Suicide?				

Funeral at Texas

Oct-25th
"11

W. C. Brooks

Andrew Toertschbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Canton		County	Balto	
Died at	Month	Day	Years	Months	Days
Date of death 1907	Oct.	9 th	Age 1	—	—
Sex Male	Color or Race	White			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John Toertschbeck	Father's Birthplace Germany				
Mother's Maiden Name Margaret Riessig	Mother's Birthplace 11, 11				
Name of person giving Information John Toertschbeck	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Bronchitis

90

16 days

Immediate

Emphysema

How long

one day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D.W. Jones
3116 S. Fremont

Accident or Suicide?

Sacred Heart Cemetery

Oct 10th 1907

Germanus Girance
Undertaker.

Name
in
Full

Mary E Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	61	Birth-place	Daletown	
Occupation			Where Residing if not at place of death		Daletown Demure Park		
Married, Single or Widowed	Name of Wife or Husband		Mary E. Foreman				
Father's Name	Jacob Trunk		Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	Lewie Munn Jr		How related to deceased		Son-in-law		

CAUSES OF DEATH

93

Primary

Auto Double Pneumonia

How long

Eight Days

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

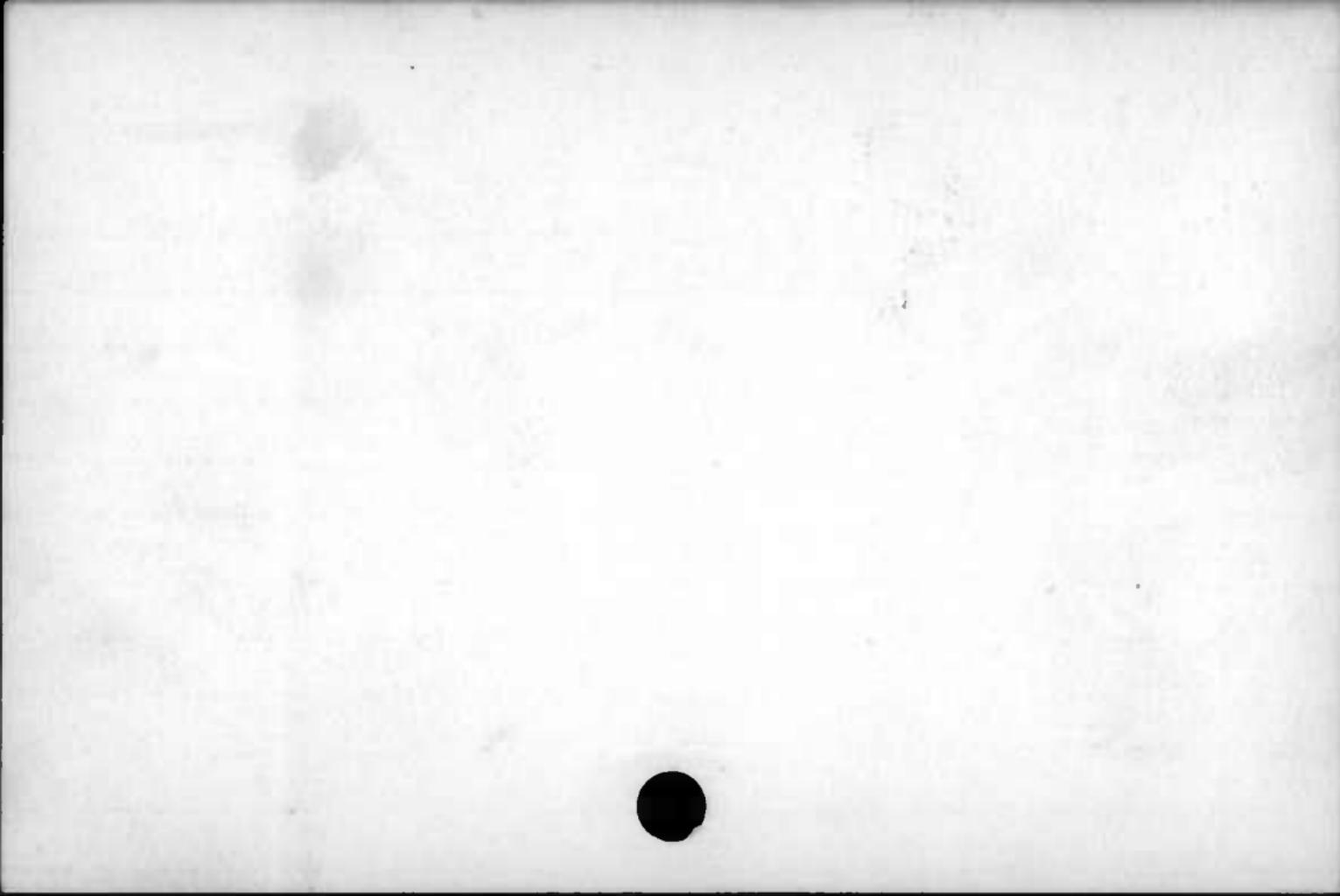
Signature of Physician

Address

J. A. Zupp M.D.

3050 W North Ave

Accident or Suicide?



Name
in
Full

William J. Foster

CERTIFICATE OF DEATH

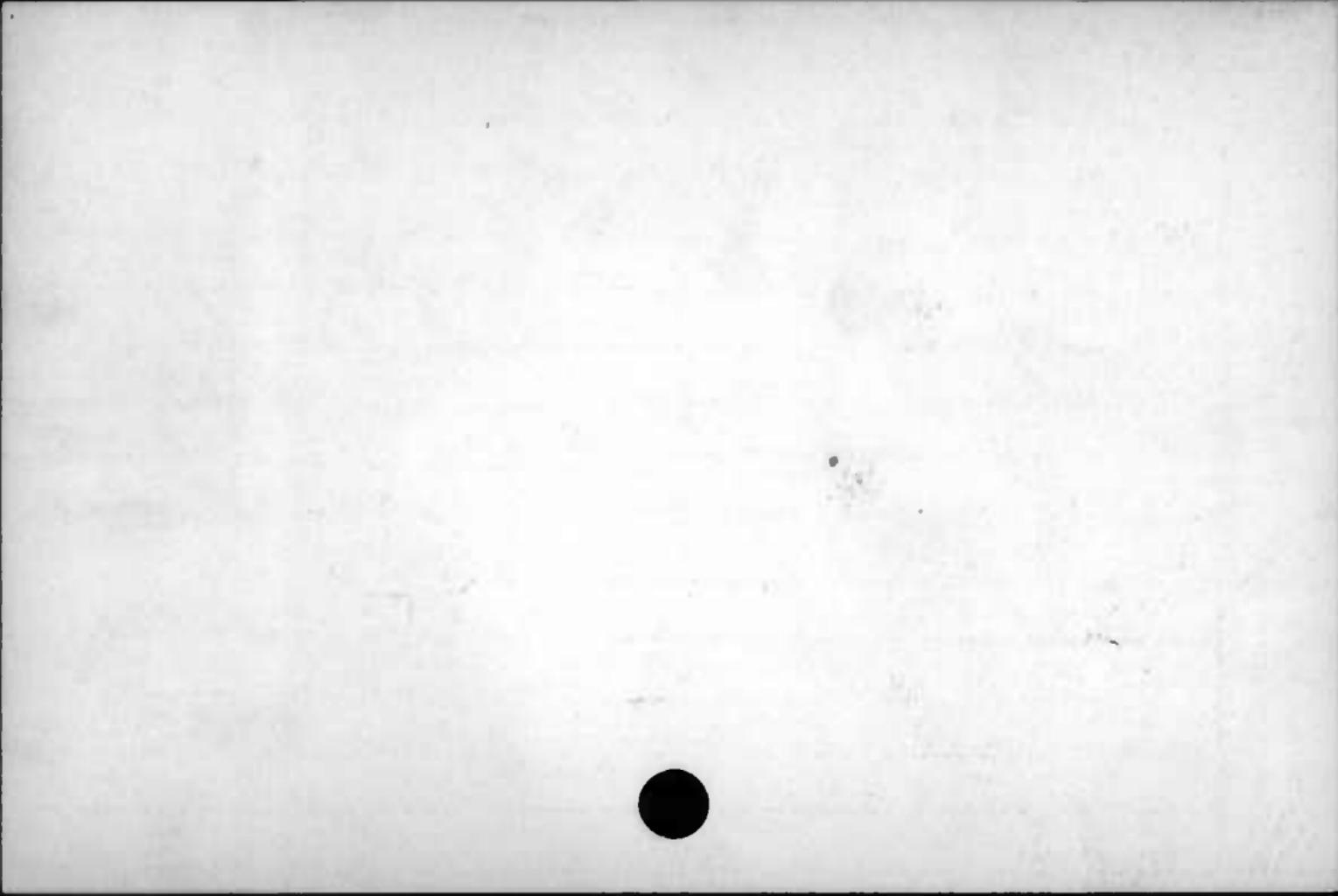
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Arlington		Baltimore				
Date of death 1907	Month Oct	Day 8	Age 71	Years	Months 8	Days 3	
Sex Male	Color or Race	White		Birth-place	Virginia		
Married, Single or Widowed	Widower		Occupation	Carpenter			
Name of Wife or Husband	Jane C. Foster						
Father's Name	James A. Foster			Father's Birthplace	Virginia		
Mother's Maiden Name	Hannah C. Colgin			Mother's Birthplace	Virginia		
Name of person giving information	Bhar. A. Foster			How related to deceased	Son		

CAUSES OF DEATH

106

PHYSICIAN OR CORONER	Primary	Old age	
	Immediate	Cholera Mortis	
Are the name, age, sex, color, date and place correctly given above?		Yes	
		Signature of Physician	Wm. Gandy Jr.
		Address	2020 W. North Ave Baltimore Md
Accident or Suicide?		No	



Name
in
Full

Mrs. Annie V. Franklin,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Where Residing If not at place of death					
Occupation	Balt. County						
Married, Single or Widowed	Married	Name of Wife or Husband	Walter B. Franklin				
Father's Name	John V. Carter		Father's Birthplace	Balt. County			
Mother's Maiden Name	Annie C. Allen		Mother's Birthplace	Ireland			
Name of person giving Information	Katherine Carter		How related to deceased	Sister.			

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary Puerperal Eclampsia
How long 24 hrs.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Amblader
Presters town Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Named

Frederick

CERTIFICATE OF DEATH

Died at

Town
Park Slope

County

Baltimore

MARYLAND

Date
of death

1907 October

Month

Day

Years

Age

0

Months

"

Days

"

Sex

Male

Color or
Race

White

Birth-
place

Park Slope Md

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Charles H. Frederick

Father's
Birthplace

Park Slope Md

Mother's
Maiden Name

Minnie B. Copenhaven

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

Charles H. Frederick

How related
to deceased

Father

CAUSES OF DEATH

(S)

How long

Primary

Premature Birth

About the

Immediate

caused by force of Nature

How long

about month

Are the name, age, sex, color, date
and place correctly given above?

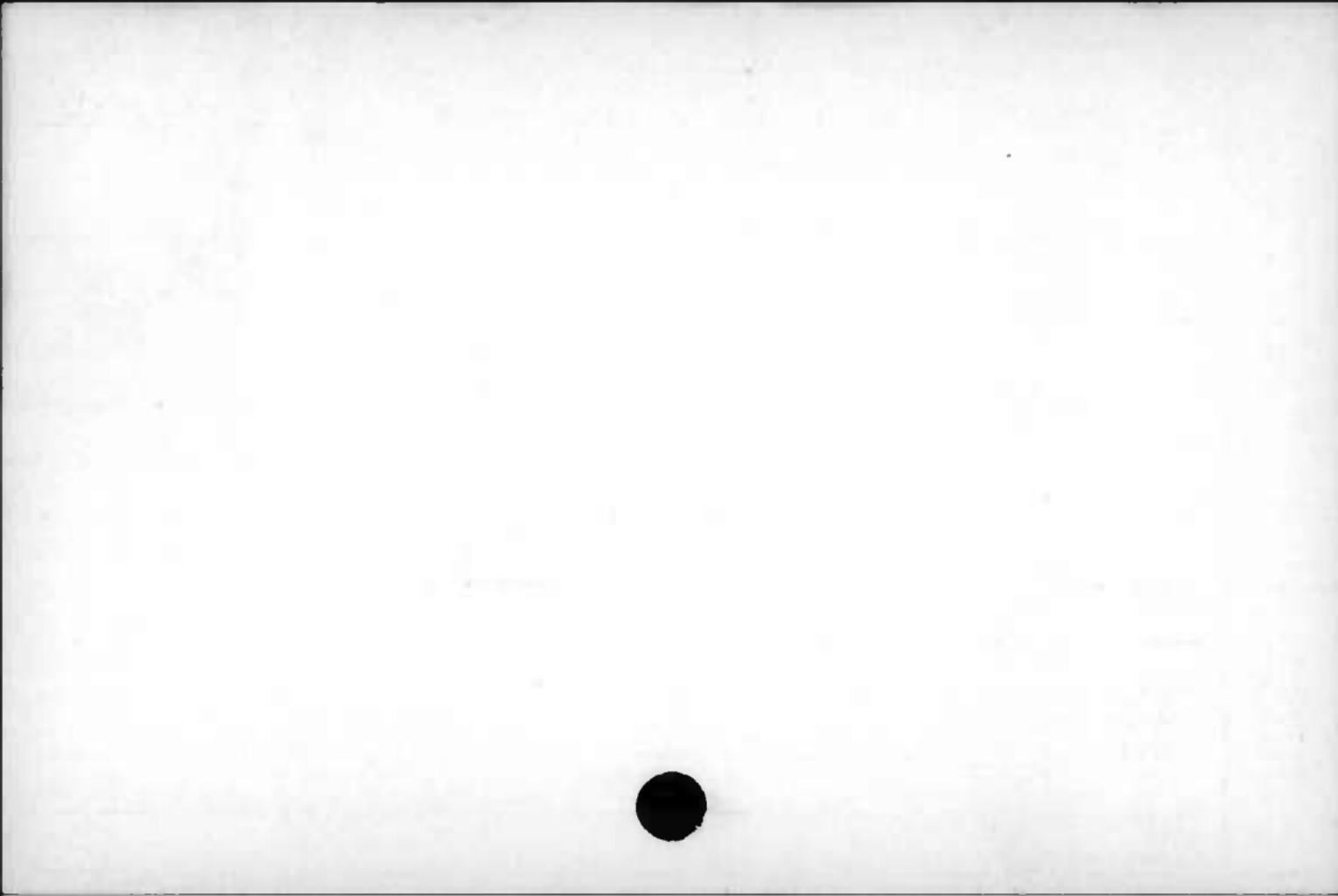
yes

Signature of
Physician

Address

E. B. Leyde Md
Parkston
Md.

Accident or Disease



Name
in
Full

Arthor Gaucklein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age		Birth-place	
Occupation	Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name	John Gaucklein		Germany			
Mother's Maiden Name	Mary Steinlein		Mother's Birthplace			
Name of person giving information	John Gaucklein		How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

3 mos.

Immediate

Inanition

How long

2 wks

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. F. A. Glantz

41 Eastover Ave Ed.

Accident or Suicide?

St. Alphonsus Lom
J. Henrig Lom
10/26/07

Name
in
Full

Elizabeth Gerbig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansaville</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907 Oct</u>	Month <u>7</u>	Day <u>12</u>	Years <u>38</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Lansaville</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jacob Gerbig</u>	✓			
Father's Name <u>John Mueller</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Jacob Gerbig</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

79

How long

Primary Valvular disease of the Heart several years

Immediate Heart disease

How long

" "

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. C. E. Fogler M.D.

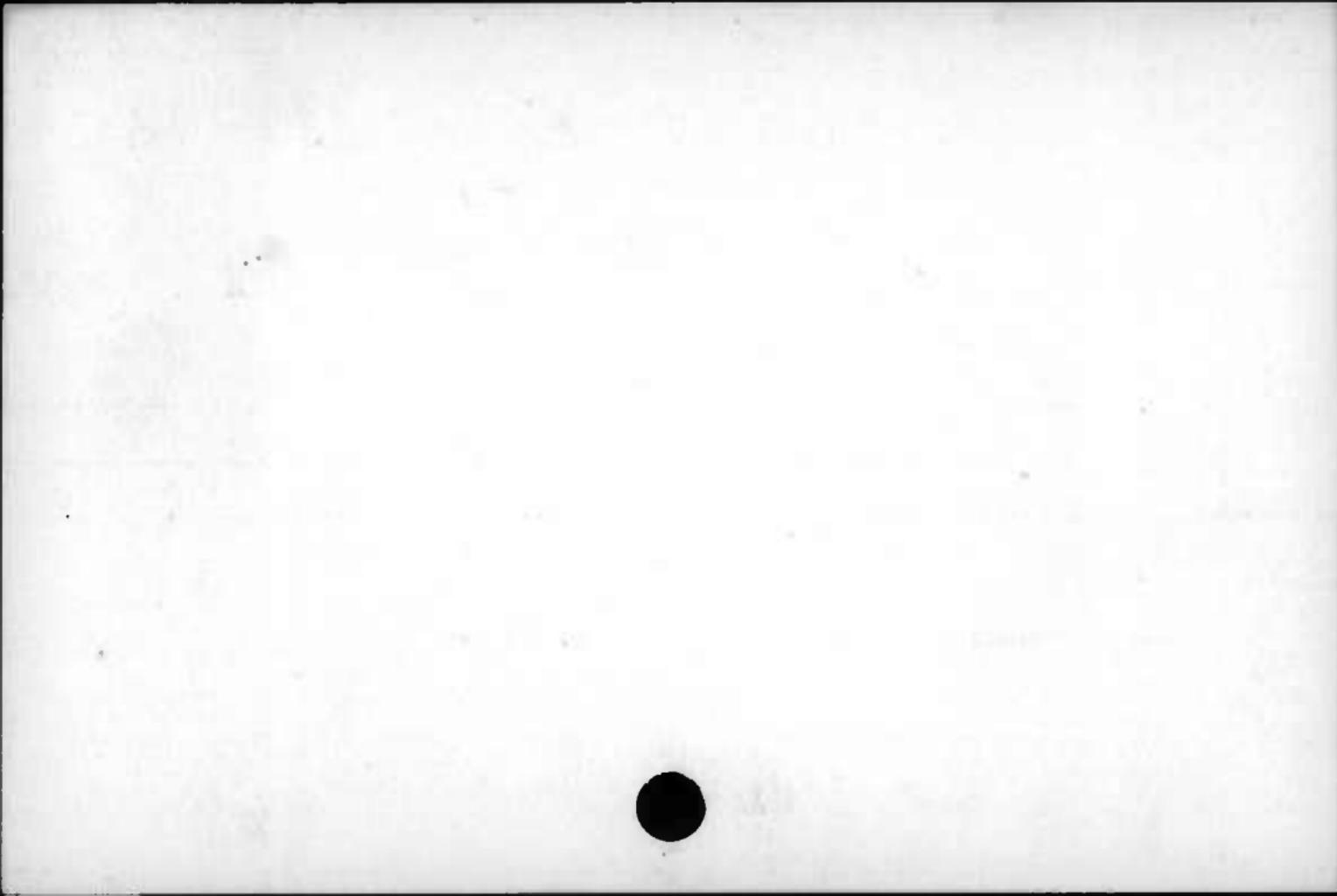
Address

Hannilton ave & Harford Rd.



Accident or Suicide?

natural



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eliza Devine - Gessford

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County	
Date of death 1907	Month Oct	Day 2	Age 15	Years
Sex Male	Color or Race	Occupation		
Married, Single or Widowed Single	Name, Maryland			
Name of Wife or Husband				
Father's Name	6222. J. Gessford			
Mother's Maiden Name	Annie M. Bragg			
Name of person giving information	Annie M. Bragg			

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

about 2 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

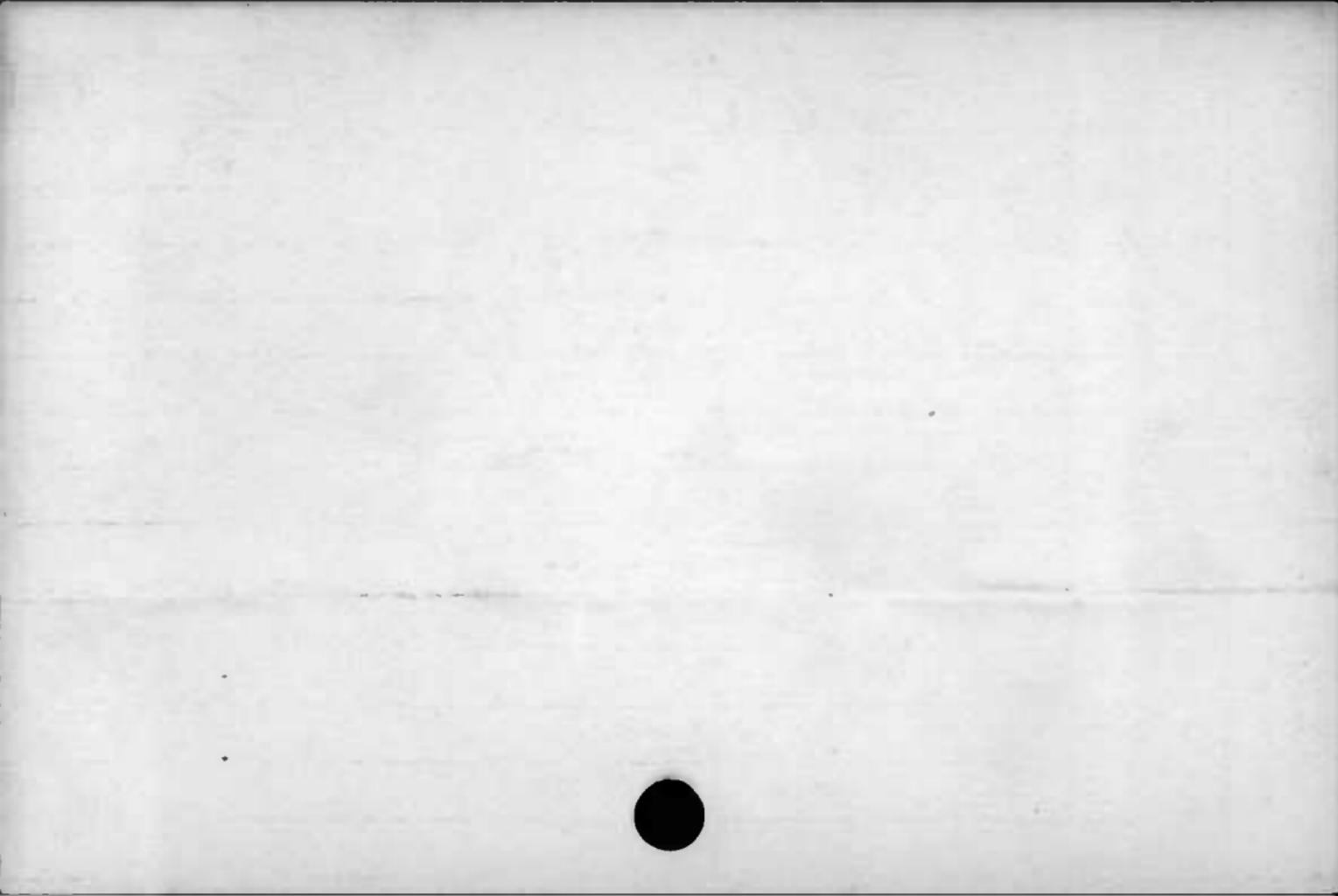
yes.

Signature of Physician

Address

Jas. L. Yagle
New Freedom, Pa.

Accident or Suicide?



Name
in
Full

Charles, H. Gill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Baltimore		Months	Days	
Date of death	1907	Month Oct	Day 7	Years	2
Age					
Sex	Male	Color or Race	white	Birth-place	Baltimore, Md.
Occupation	Pare		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Harvey Gill		Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Sarah Penobility		Mother's Birthplace	Baltimore, Md.	
Name of person giving information	Harvey Gill		How related to deceased	Father	

CAUSES OF DEATH

151

How long

6 weeks

How long

" "

PHYSICIAN
OR CORONER

Primary

Murder

Immediate

4

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Renacci
Glyndon

Accident or Suicide?

to be Bird at Carroll
church.

Name
In
Full

Leonard F. Goeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Highlandtown		Baltimore	
Date of death	Month	Day	Years
1907	Oct.	30	—
Age	—	Months	3
Sex	Male	Color or Race	white
Occupation	None	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Frank F. Goeler	Father's Birthplace	Md
Mother's Maiden Name	Martha Baghowske	Mother's Birthplace	Md
Name of person giving information	Martha Goeler	How related to deceased	mother

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchitis Pneumonia	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

W. L. Burke M.D.
304 1/2 Hudson St

Sacred Heart Cemetery

Nov. 10th 1907

Germans French

and later

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSIAN,
OR CORONER

John Goldsmith

CERTIFICATE OF DEATH

Died at Highlandtown		Town	Baltimore		County	MARYLAND	
Date of death 1907	Month Oct.	Day 23	Age 51	Years	Months	Days	
Sex Male	Color or Race White	Birth-place Dont know					
Occupation None	Where Residing if not at place of death No residence (stamp)						
Married, Single or Widowed Dont know	Name of Wife or Husband	Dont know					
Father's Name	Dont know						
Mother's Maiden Name	Dont know						
Name of person giving information Officer Spahn	How related to deceased None						

CAUSES OF DEATH

166

Primary **Run over by Penn Rail**

Immediate **Road Train**

How long **—**

How long **—**

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

David Q Thompson
1300 Highland Ave
Baltimore Co Md

Accident or Suicide?

Christian Ress - removal

Name
in
Full

Ginger Harwood Griffith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Roland Park Town 13 County Baltimore

MARYLAND

Date of death 1907 Month Oct. Day 26 Age 34 Years 7 Months 10 Days

Sex Male

Color or Race White

Birthplace Baltimore Md.

Occupation Salesman

Where Residing if not at place of death Roland Park Md.

Married, Single or Widowed Single

Name of Wife or Husband

Father's Birthplace Maryland

Father's Name William R. Griffith

Mother's Birthplace Maryland

Mother's Maiden Name Mary E. Brewey

How related to deceased Father

Name of person giving information Col. W. R. Griffith

CAUSES OF DEATH

34

How long 2 years

Primary Tuberculosis of Bladder & Urethra

How long 6 weeks

Immediate & Cyanosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. Gibson Poole

Address

Roland Park Md.

PHYSICIAN
OR CORONER

Accident or Suicide? No

St John Cemetery Wabash City

Oct 27 1907

Wm E. Chenoweth & Son
919 3rd Ave Hampden

Residence 723 Euclid Ave

Name
in
Full

Elizabeth Gaines

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		CERTIFICATE OF DEATH		
Bucksa Ave		Arlington		Maryland			
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birthplace			
Occupation	Invalid		Where Residing if not at place of death	Bucksa Ave -			
Married, Single or Widowed	Widow	Name of Wife or Husband	Haine, (Edward)				
Father's Name	Solomon Meyer		Father's Birthplace	Md			
Mother's Maiden Name	Garter (Haines)		Mother's Birthplace	Md			
Name of person giving information	Mr. Suler		How related to deceased	Son			

CAUSES OF DEATH

164

Primary Cause of Death 4 Weeks
Exhaustion & weakness

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

H. T. Haines,
51 E. Baltimore

Accident or Suicide?

W. Marshall
3539 Fall Road
Gettysburg Pa.

Oct 29-07

Name
in
Full

Grace Lee Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cotownville</u>		County <u>Md.</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>24</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Age <u>—</u>	Birthplace <u>Maryland</u>	Days <u>—</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter E. Harrison</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Cara Hayden</u>	Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Cara Hayden</u>	How related to deceased <u>Mother</u>			

CAUSES OF DEATH

151

Primary

Cataract jaundice

1 month

Immediate

Causal years

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. Lee Stultz, M.D.,
Cotownville, Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Lula Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Calories view		Baltimore					
Date of death	Month	Day	Years	Age	Months	Days	
1907	Oct.	10	20		1	8	
Sex	Female	Color or Race	Colored		Birth-place		
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jacob Hawkins				Father's Birthplace	Mt. Gilbooke	
Mother's Maiden Name	Rebecca Elyson				Mother's Birthplace	Tolboton, Md.	
Name of person giving information	Mrs R. Hawkins				How related to deceased	Mother.	

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

1 year

Immediate

Colapse &c

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

V. N. Garrow, M.D.
Calories view, Md.
48 Malone Ave.

Accident or Suicide?

no,

Name
in
Full

Death of John & Anna Kerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 2236 Hunter St. High - Paeto, County MARYLAND
Date of death 1907 Month Oct. Day 10 Age none Years — Months — Days —
Sex Female Color or Race White Birth-place 2236 Hunter St.

Occupation

Where Residing if not
at place of death
2236 Hunter St.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Kerman

Father's
Birthplace

Md.

Mother's
Maiden Name

Anna Betts

Mother's
Birthplace

Md.

Name of person giving
Information

Family

How related
to deceased

Parents.

CAUSES OF DEATH

(S)

Primary

Asthma Neonatal birth

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. L. Blades

14376 13 May

PHYSICIAN
OR CORONER

Accident or Suicide?



		Ingarrett (Stillborn) Hill		CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Oct	8	nv	nv	nv
Sex	female	Color or Race	white	Birth-place	Westport
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Infant	Name of Wife or Husband	—		
Father's Name	Edwin C Hill		Father's Birthplace	Baltimore	
Mother's Maiden Name	Agnes Higginson		Mother's Birthplace	Baltimore	
Name of person giving information	Edwin C Hill		How related to deceased	father	
CAUSES OF DEATH					
Primary	Hypertension		How long	—	
Immediate	Hill born		How long	—	

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	Pulmonary met. emphysema med.

W^m H. J. don

W^m Olivet County

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Howard		Town		County		MARYLAND	
Died at Warren		Baltimore					
Date of death	1907	Month 10	Day 18	Years 54		Months	Days
Sex	Male	Color or Race	White		Birth-place	Warren	
Occupation	Carpenter		Where Residing if not at place of death		Warren		
Married, Single or Widowed	Widower	Name of Wife or Husband	Don't know				
Father's Name	John Howard				Father's Birthplace	Warren	
Mother's Maiden Name	Lydia Bailey				Mother's Birthplace	Don't know	
Name of person giving information	Mrs. Basye Dyerh.				How related	Sister	
CAUSES OF DEATH				27			
Primary	Pulmonary Tuberculosis		about 304 lbs		How long		
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. F. Basye			
			Address	204as Md.			
Accident or Suicide?							

Funeral Sunday 20th at
Popular.

W. C. Brooks

Dr J. R. Payne
Corbett
Bull's ^{Is}
Md

Name
in
Full

John Henry Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Stream</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Oct.	27	80	6	1
Sex	Male	Color or Race	Colored	Birthplace <u>Harford Co. Md.</u>	
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife	<u>Celia, moore, Howard</u>		
Father's Name	<u>William Howard</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving Information	<u>Chas. Howard</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

several years

Immediate

General debility

How long

" "

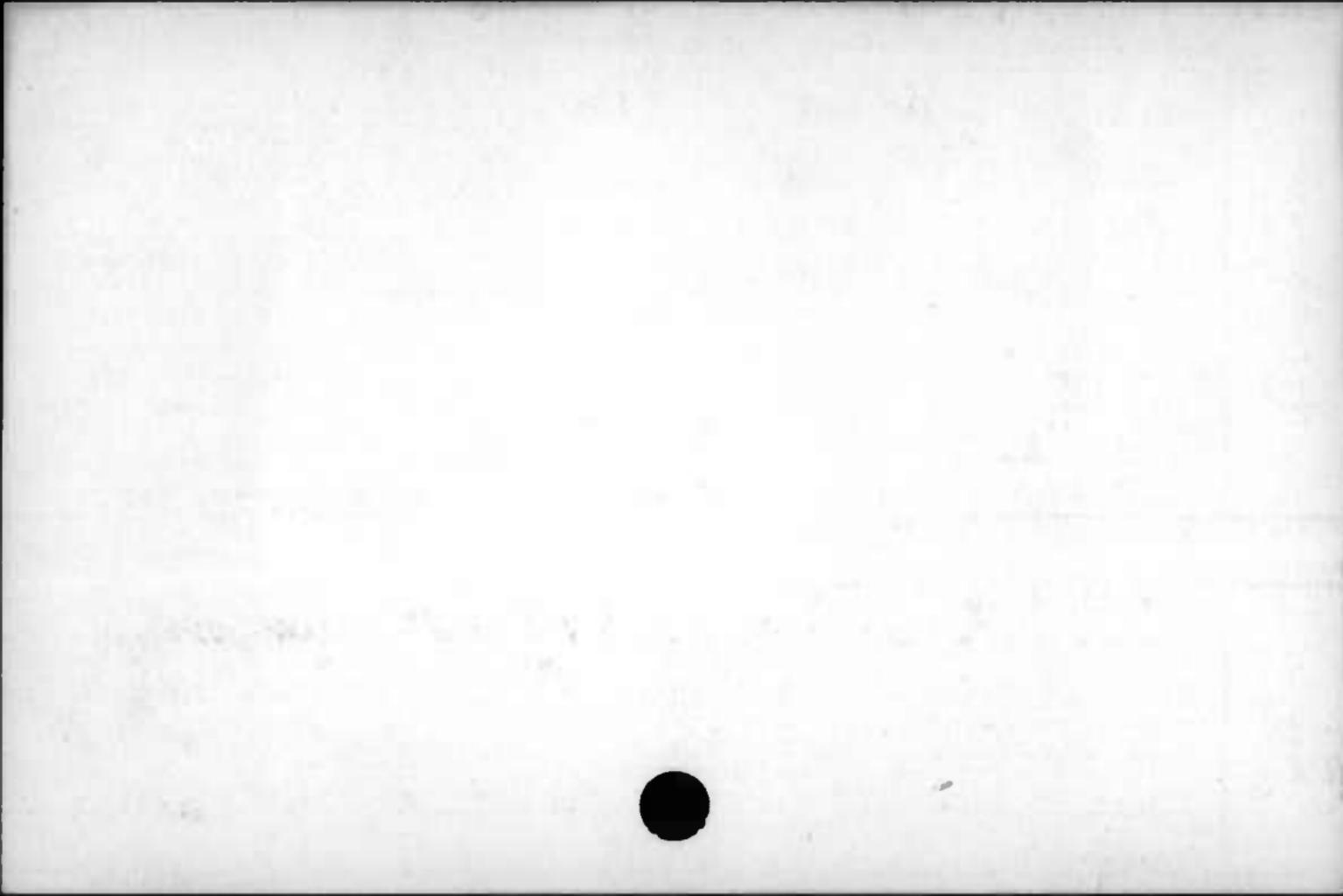
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Sesien,
Sistering,
Md.

Accident Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Bob M. Hughes</i>				CERTIFICATE OF DEATH			
Died at		Town	Baltimore		County		MARYLAND
Date of death	1907	Month Oct.	Day 5	Age 21	Years 1	Months 1	Days 1
Sex	Male	Color or Race	White		Birth-place	7446 1st Street	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		Md	
Father's Name		<i>Harry Hughes</i>		Father's Birthplace		Md	
Mother's Maiden Name		<i>May E. Hall</i>		Mother's Birthplace		Md	
Name of person giving information		<i>Harry Hughes</i>		How related to deceased		Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>General Decay</i>	
Immediate	<i>Felicite & Neak</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

alkey

J E. Evans
M London Park

Sarah Louise Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Roland Park Town Baltimore County

MARYLAND

Date of death 1907 Month Oct Day 9 Years 6 Months 7 Days 18Sex Female Color or Race WhiteBirth-place Minneapolis Minn.Occupation School girl Where Residing if not at place of death Roland ParkMarried, Single or Widowed Single Name of Wife or Husband —Father's Birthplace Baltimore MdFather's Name John Silver HughesMother's Birthplace Cent Falls IowaMother's Maiden Name Katharine FabricsHow related to deceased MotherName of person giving information Mrs. J. S. Hughes

CAUSES OF DEATH

167

Primary Extensive Burn - Entrapment How long 6 hoursImmediate Toxemia - Due to heat How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Gibson PorterRoland Park

Accident

May 1907

"Entire trunk, arms & legs, face & my
escaped - ~~left~~ to meet (Bringing
autumn leaves)"

M. S. Prazek M.D.

H. M. Prazek

Place of birth
of Alexander

Name
in
Full

Samuel P Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death 1907	Month <u>Oct</u>	Day <u>15</u>	Age <u>3</u>	Months <u>3</u>	Days <u>29</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>				
Occupation <u>infant</u>	Where Residing if not at place of death <u>New Haven</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Edward Hunt</u>	Father's Birthplace <u>Bayville</u>					
Mother's Maiden Name <u>Ida. Bosley</u>	Mother's Birthplace <u>New Haven</u>					
Name of person giving information <u>Edward Hunt</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

7

Primary <u>Ecchymosis</u>	How long <u>5 weeks</u>
Immediate <u>Nephritis (acute Bright)</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
<u>Accident or Suicide?</u>	<u>by M.B. Benson</u> <u>Cadogan Hall Md</u>

Funeral at Pleasant
Grove Thursday Oct-
13th

W. C. Brooks

Name
in
Full

Albert Hunter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Negro.	Birth-place	Md
Occupation	Labover		Where Residing if not at place of death	alone	
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown	Father's Birthplace	Unknown
Father's Name	Unknown		Unknown	Mother's Birthplace	Unknown
Mother's Maiden Name	Unknown		Unknown	How related to deceased	
Name of person giving information	Dr. Bussey				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

66

Since his ad-

Immediate

Paralysis

How long

missin last

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. C. Bussey

Texas
Md.

Accident or Suicide?

No

Name

in
Full

Mary J. Henneman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct	Day 28	Age 87	Years	Months	Days
Sex	Female	Color or Race	Caucasian		Birth-place	Germany	
Occupation	Housewife		Where Residing if not at place of death		Peter Henneman		
Married, Single or Widowed	Married		Name of Wife or Husband	Peter Stark		Father's Birthplace	Germany
Father's Name	Peter Stark				Mother's Birthplace		Germany
Mother's Maiden Name	Kurzrock				How related to deceased		Daughter
Name of person giving Information	E J Henneman						
CAUSES OF DEATH							
Primary	Organic heart disease						
Immediate	1 year						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long		
			Address				

PHYSICIAN
OR CORONER

I

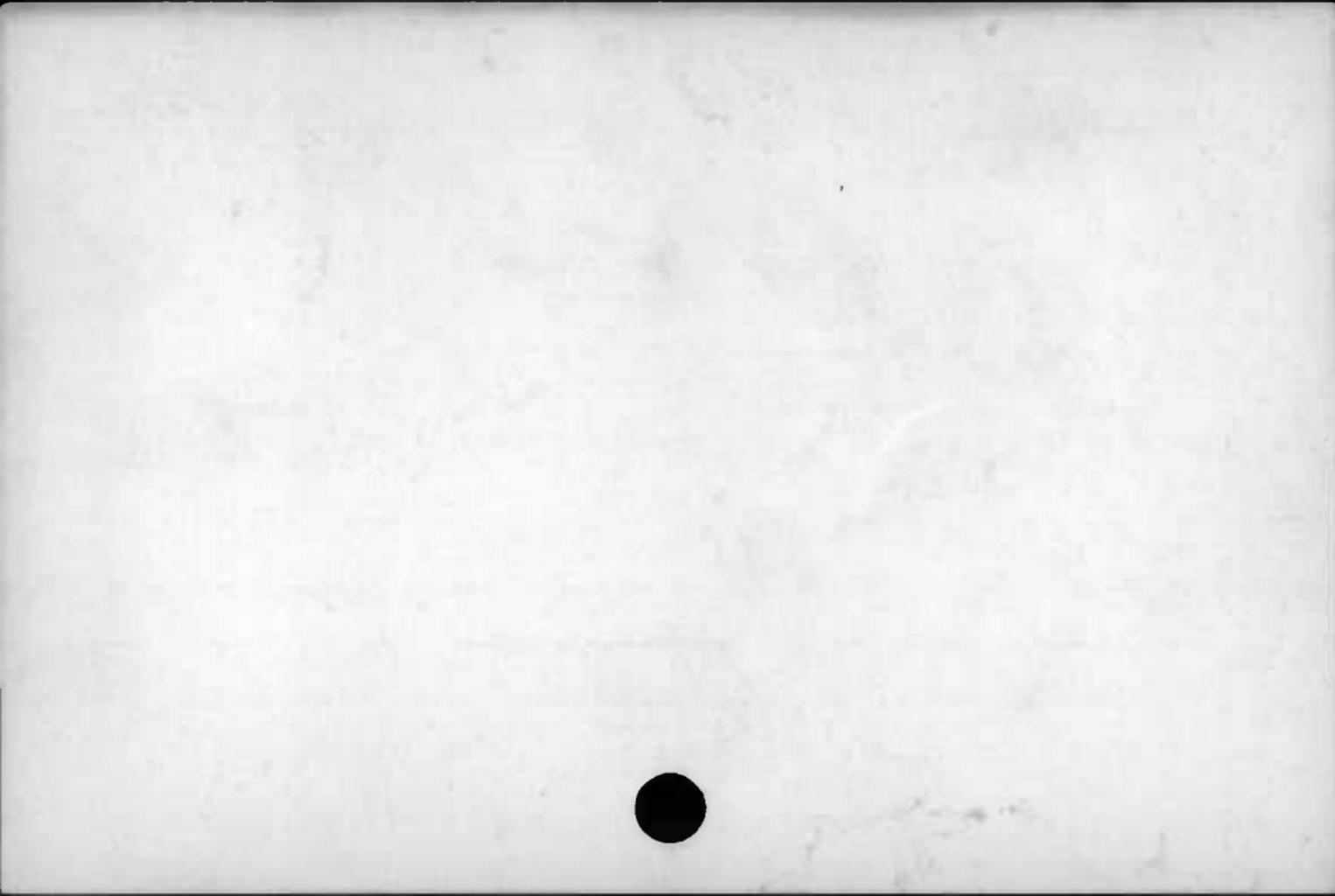
Accident or Suicide?

79

How long

How long

Covina
Rossview
Md



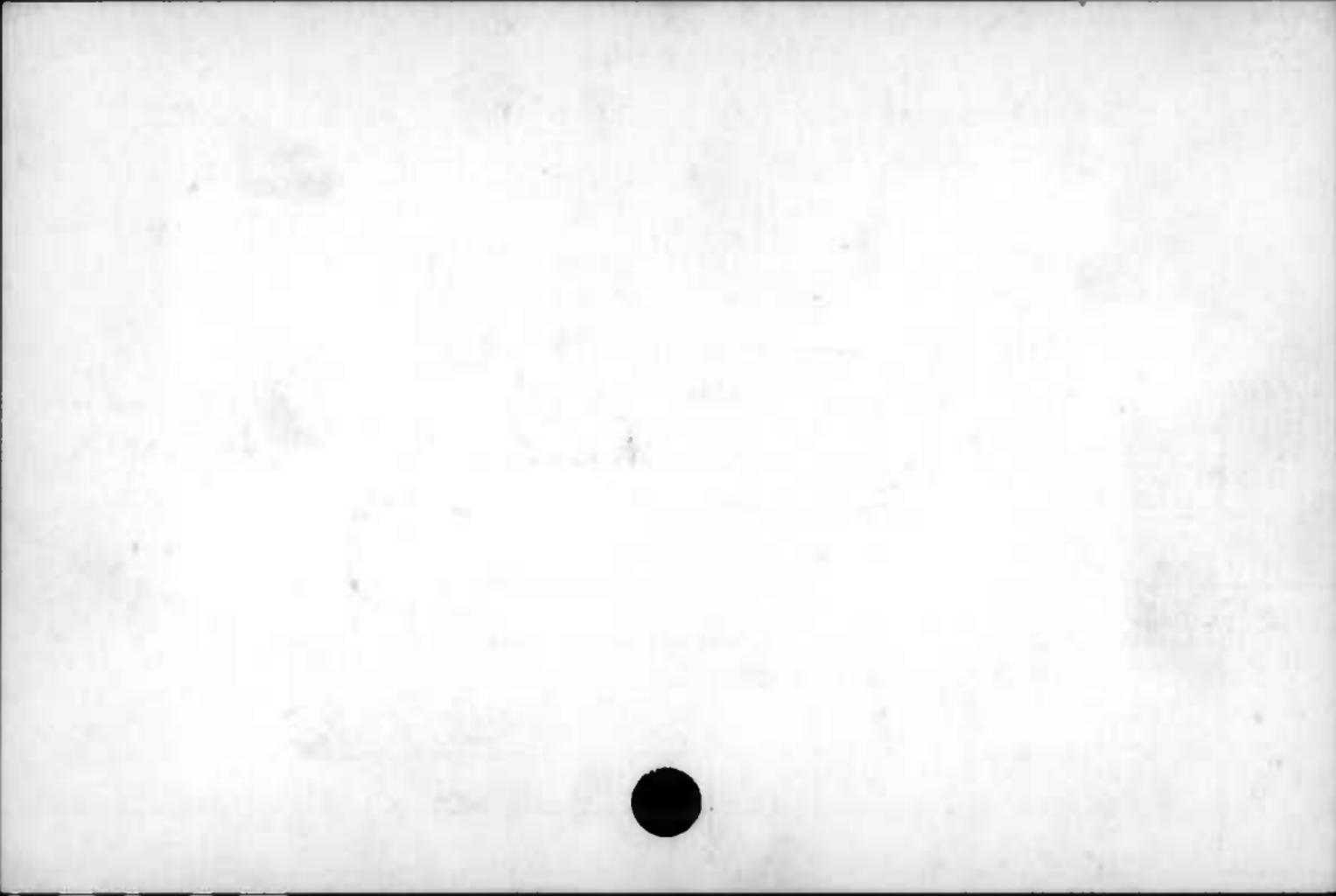
Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Infant. Infancy		Town Baltimore	County Baltimore	MARYLAND			
Date of death 1907	Month Oct.	Day 18	Age ns	Years ns	Months ns	Days 6	
Sex female	Color or Race white	Birthplace Baltimore					
Occupation none	Where Residing if not at place of death Baltimore						
Married, Single or Widowed Infant	Name of Wife or Husband Infant						
Father's Name Freder Infancy	Father's Birthplace Baltimore						
Mother's Maiden Name Mary Schaefer	Mother's Birthplace Germany						
Name of person giving information Freder Infancy	How related to deceased Father						
CAUSES OF DEATH							
Primary Infant	How long 172						
Immediate Infant convulsions	How long 2 days						
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician		Physician				
	Address						
Accident or Suicide? no							



Name
in
Full

Elizabeth Johnson

CERTIFICATE OF DEATH

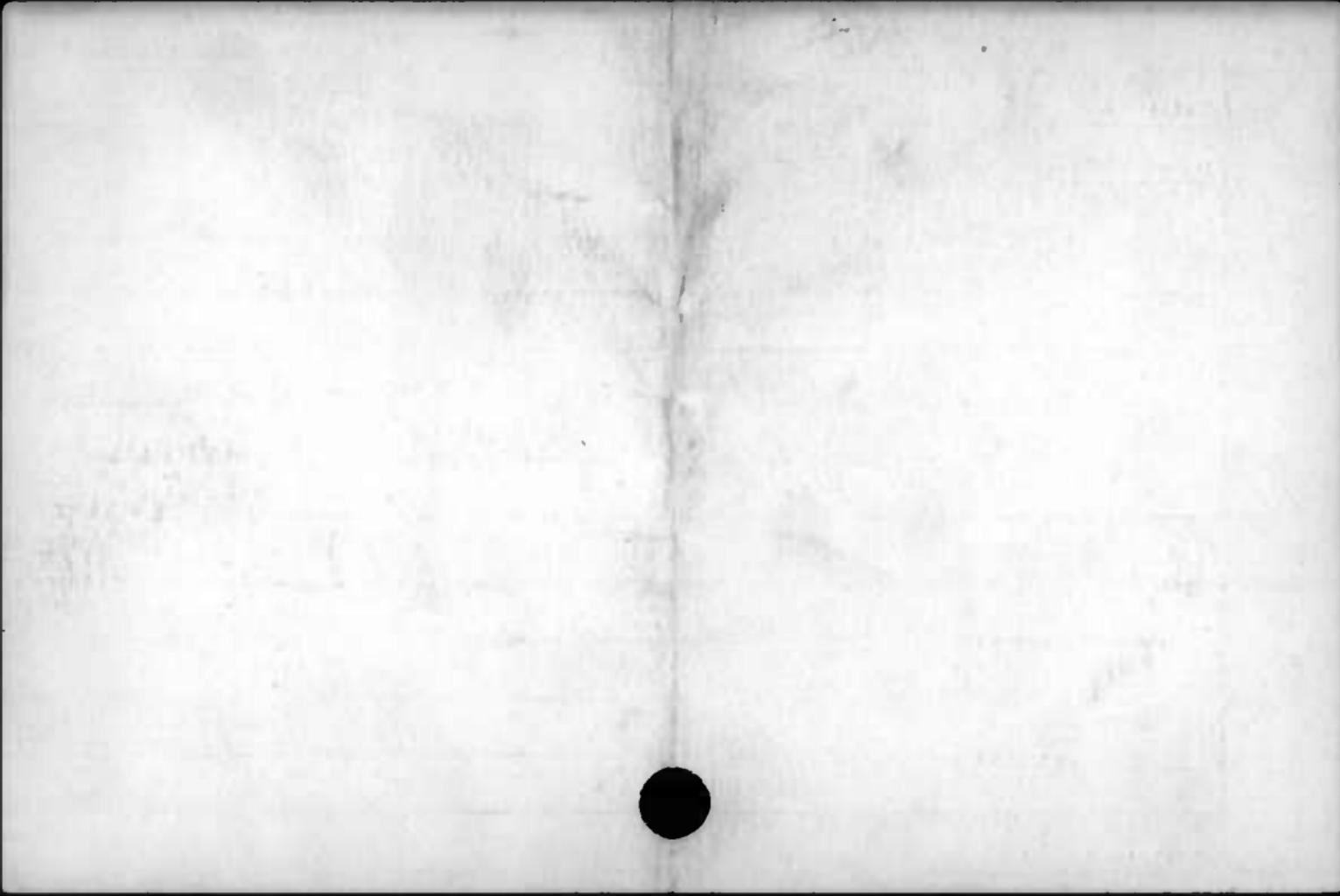
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	—	3	—
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Johnson					
Mother's Maiden Name	Stella Johnson					
Name of person giving information	John G. Johnson					

151

CAUSES OF DEATH

Primary	Marasmus	
	6th month	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		Address
B.M. Sherman		W. Glenview Ind.
Accident or Suicide?		



Name
in
Full

John C. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Baltimore		County		MARYLAND				
Date of death	1907	Month	10	Day	8	Years	67	Months	—	Days	—
Sex	Male	Color or Race	White		Birth- place	Md					
Occupation	Painter		Where Residing if not at place of death		Pikesville						
Married, Single or Widowed	Married	Name of Wife or Husband	Do not know		Father's Birthplace	Do not know					
Father's Name	Do not know		Do not know		Mother's Birthplace	" "					
Mother's Maiden Name	Do not know		Do not know		How related to deceased	None					
Name of person giving Information	H. S. Mathews		V		120						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis & heart disease		How long	Do not know
Immediate	Valvular heart disease		How long	sudden
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. C. E. M.	
		Address	Pikesville Md.	

Accident or Suicide?

Jacob H. Kratz
London Park Cemetery

Name
in
Full

Still Birth (Kacorowski.)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Brooks Hill

County
Balto.

MARYLAND

Date
of death 1901

Month
Oct

Day
20

Years
—

Months
—

Days
—

Sex

Female

Color or
Race

White

Birth-
place

Brooks Hill

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joseph Kacorowski

Father's
Birthplace

Germany

Mother's
Maiden Name

Eleanor Wolnicka

Mother's
Birthplace

" "

Name of person giving
Information

Joseph Kacorowski

How related
to deceased

Father

CAUSES OF DEATH

(S)

How long

Primary

We know.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Mary Tablacka
871 Baund St
mid-wife

PHYSICIAN
OR CORONER

Accident or Suicide?

OCT 21 1907

Holy Rosary.

M. F. SADOWSKI,

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Clark Keenan.

Died at <u>Sheenwood</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1907 Oct</u>	Month <u>Oct</u>	Day <u>29</u>	Age <u>81</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Irish</u>	Birthplace <u>Ireland</u>				
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Sheenwood</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John. Keenan</u>	Father's Birthplace <u>Ireland</u>				
Father's Name <u>John. Keenan</u>	Mother's Birthplace <u>"</u>					
Mother's Maiden Name <u>Catherine Clark</u>	How related to deceased <u>daughter</u>					
Name of person giving Information <u>Mary Keenan</u>						

CAUSES OF DEATH

154

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wilmer Brinton, M.D.
S.W. cor. Calvert & Franklin St.
Baltimore, Md.

Accident or Suicide?

Mr. Brewster

See his young life
Her Bad Habits

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Margarett A Henney

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month 10	Day 22	Years 58	Months 6	Days 22
Sex Female	Color or Race	White	Baltimore		
Occupation Housewife	Where Residing if not at place of death Texas				
Married, Single or Widowed Married	Name of Wife or Husband	Chas. F. Henney			
Father's Name Isiah Bailey	Father's Birthplace Don't know				
Mother's Maiden Name Henney Mc Callum	Mother's Birthplace Baltimore				
Name of person giving information John Bruner	How related to deceased Brother				

CAUSES OF DEATH

120

How long

probably 1 yr.

How long

about 2 months

Primary

Bright Disease

Immediate

Delated Heart Disease

Are the name, age, sex, color, date and place correctly given above?

Yes

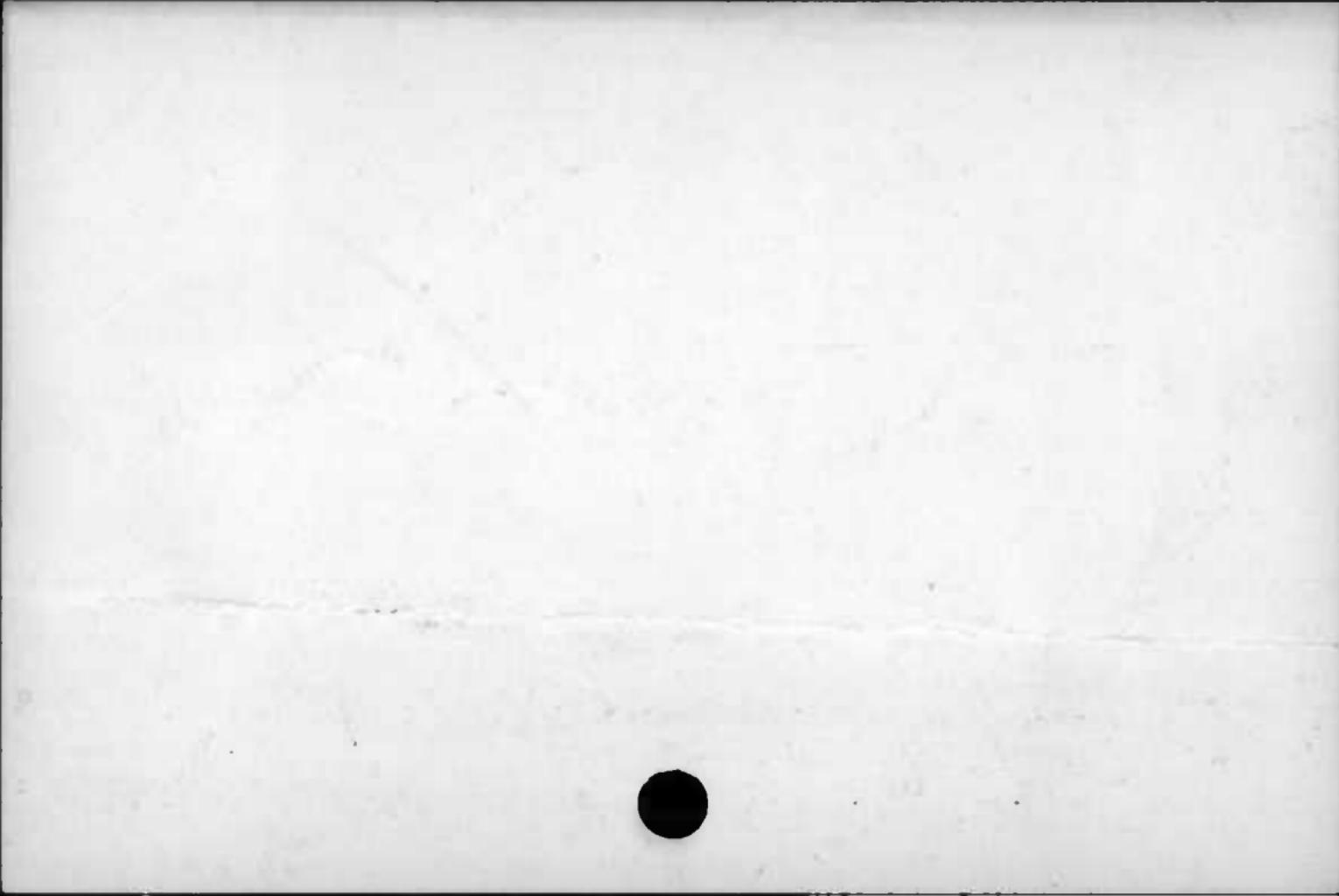
Signature of Physician

B. F. Burrey

Address

Texas Md

Accident or Suicide?



Name
in
Full

Joseph Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	Oct.	31	74	6	—	
Sex	Male	Color or Race	white	Birth-place	Germany	
Occupation	Where Residing if not at place of death					
shoemaker						
Married, Single or Widowed	married	Name of Wife or Husband	anne Klein	Father's Name	germany	
Mother's Maiden Name	Klein					
Name of person giving Information	john Klein					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

1 year

Immediate

starvation

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes.

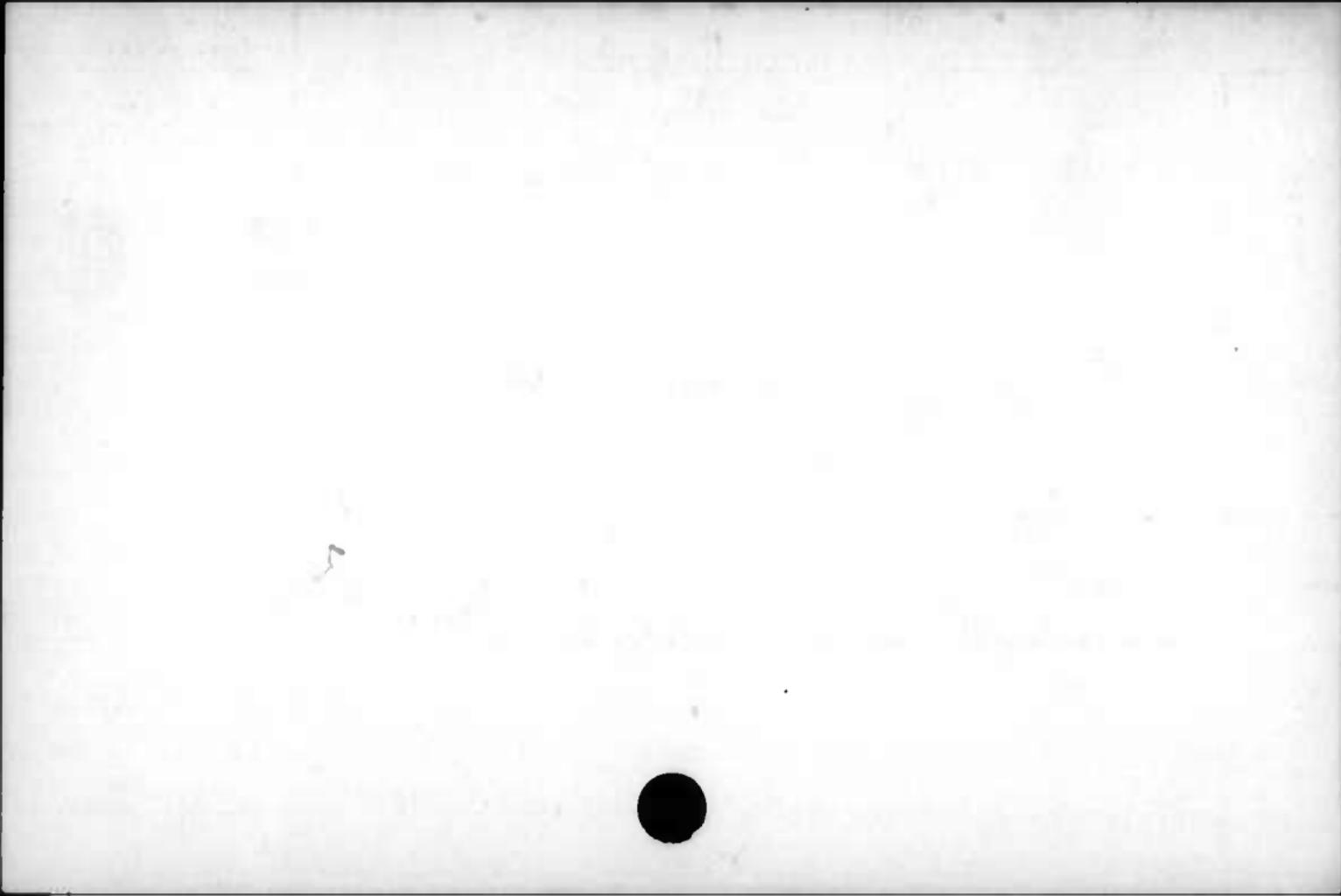
Signature of Physician

Address

Thos. H. Emory Jr.
Montgomery, Md.

Accident or Suicide?

no



Name
in
Full

Emil Kremer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

Highlandtown Baltimore

MARYLAND

Date
of death

Month

Day

Years

Month

Days

190

7 Oct

8

64

10

2

Age

Sex

Color or
Race

White

Birth-
place

Germany

Occupation

Where Residing if not
at place of death

Saloon keeper

Married, Single
or Widowed

Name of Wife or
husband

Malasia - Kremer

Father's
Name

don't know

Father's
Birthplace

Germany

Mother's
Maiden Name

don't know

Mother's
Birthplace

Germany

Name of person giving
Information

Theodore Kremer

How related
to deceased

Son

CAUSES OF DEATH

120

Primary

Bright's disease, aortic
regurgitation. General Sclerosis. -
Cardiac syncope or asthma
immediate

How long

7 years

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Ch. McElroyan M.D.
618 S. Clinton St.,

Accident or Suicide?

Sacred Heart Cemetery

Oct. 7th 1907

Germanus Frans

undertaker

Name
in
Full

Gwendolyn L. York

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	4	15
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Name	Baltimore	Baltimore
Father's Name	William York	Father's Birthplace	Baltimore		
Mother's Maiden Name	Magdalena Fausmude	Mother's Birthplace	Baltimore		
Name of person giving Information	William York	How related to deceased	Son		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary: Gastro Enteritis

Immediate: Embolism

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. A. O'Leary

Accident or Suicide?

Mount Carmel
H. Sander & Son

Name
in
Full

Unnamed (Infant) Knut

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stevenson

Town

County

Baltimore

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1907 October

29

Age

Sex Female

Color or
Race

white

Birth-
place

Stevenson Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Howard Knut

Father's
Birthplace

Penn

Mother's
Maiden Name

Amelia Hees

Mother's
Birthplace

Md

Name of person giving
Information

Howard Knut

How related
to deceased

Fath

CAUSES OF DEATH

(S)

Primary

Unknown Premature birth

long

Eight mos

How long

Immediate

Unknown

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

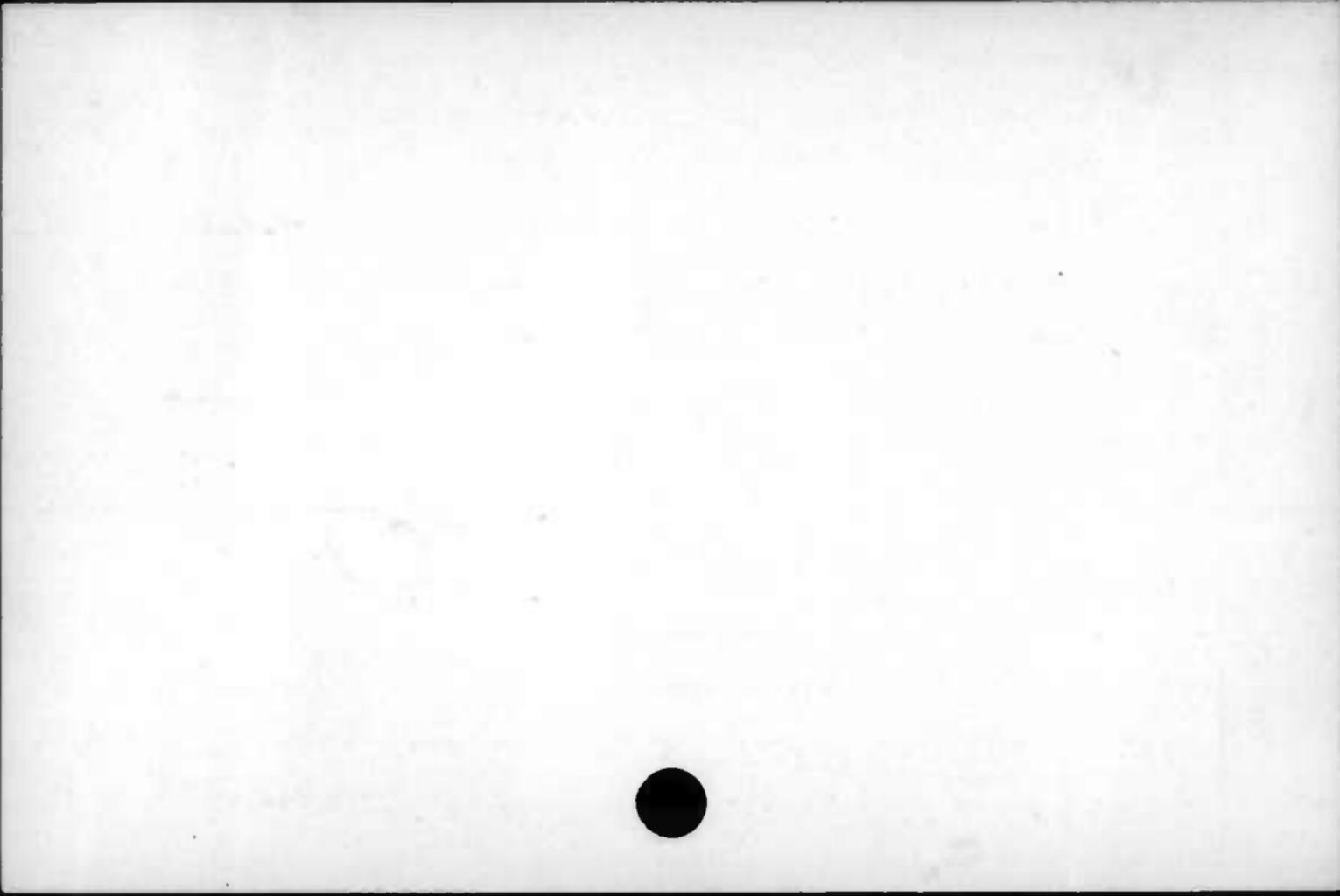
Signature of
Physician

Henry Naylor

Address

Petersville Md

Accident or Suicide?



Name
in
Full

Wm. Lewis Leight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

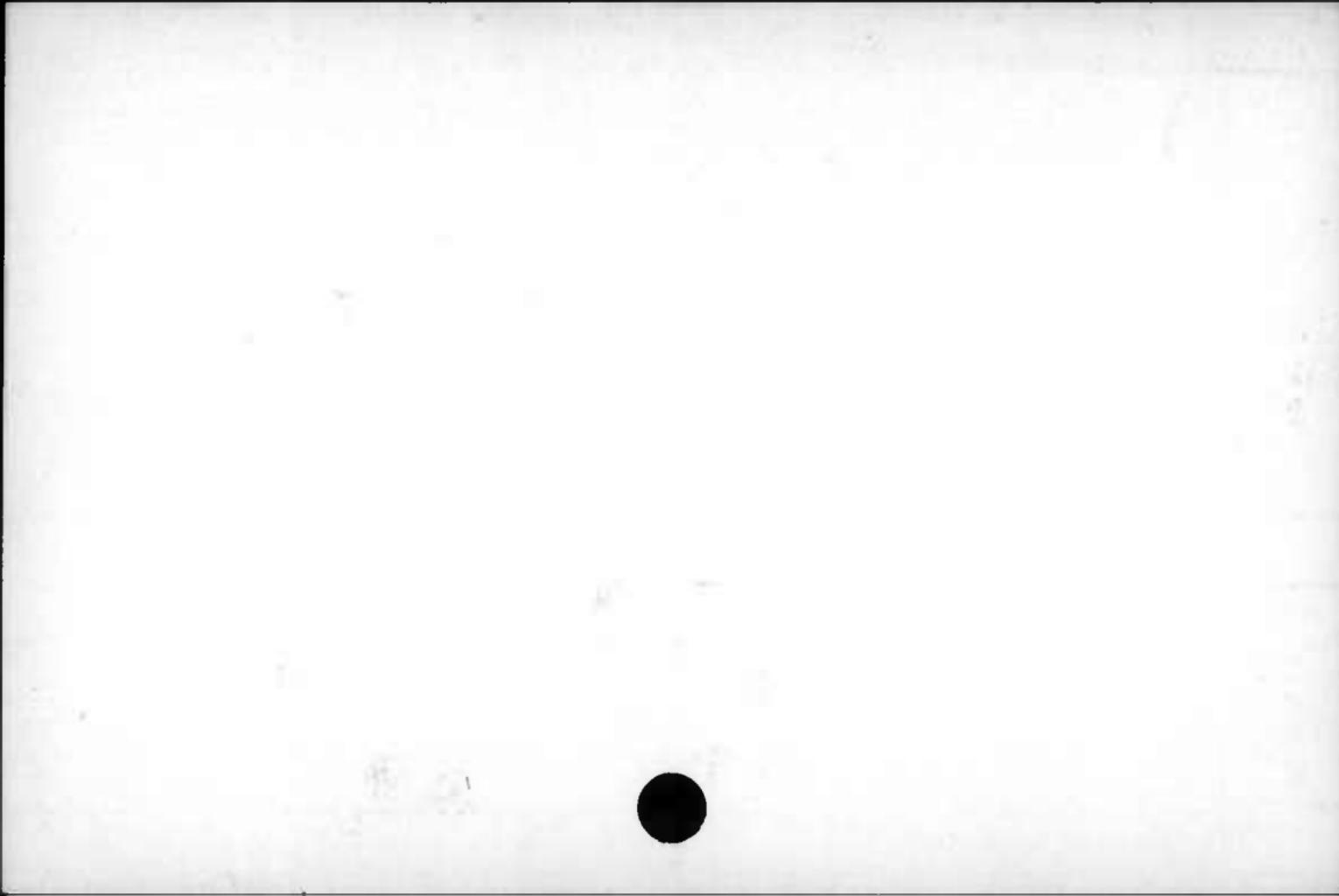
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		Oct.	15	77	9	15
Sex	male	Color or Race	white	Birth-place	Dallastown, Pa.	
Occupation	Farmer		Where Residing if not at place of death	White Hall		
Married, Single or Widowed	widower	Name of Wife or Husband	Rachel Ann Leight			
Father's Name	Wm. Lewis Leight		Father's Birthplace	Dallastown, Pa.		
Mother's Maiden Name	Hartman		Mother's Birthplace	Unknown		
Name of person giving Information	Thos. W. Leight		How related to deceased	son		

CAUSES OF DEATH

64

Primary	Cerebral Hemorrhage	
Immediate	Heart Disease	
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		
Address		
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Kenneth W. Linick					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct	Day 7	Years	Months	Days	
Sex	Male	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Geo J. Linick			Father's Birthplace	Balto.		
Mother's Maiden Name	Hattie Green.			Mother's Birthplace	Balto		
Name of person giving information	Geo J. Linick.			How related to deceased	Father		

CAUSES OF DEATH

Primary

Gas-colitis

105

How long

4 weeks

Immediate

Expansion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. L. Bowles

Address

Lawrenceville

Accident or Suicide?

Balto Co.

Md.

Oct 9/907.

William Cook
Baltimore Conn

Name
In
Full

Soretta Lee McFree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	31	—	12	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Husband	Harry J. McFree				
Father's Name	Abraham Johnson					England
Mother's Maiden Name	Catherine L. White					Balto. Md.
Name of person giving Information	Harry J. McFree					Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis

How long

4 months

Immediate

Asthma

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of Physician

Hor Gaddess

Address

2631 Greenmount Ave
Baltimore

Accident or Suicide?

To be buried in
Cathedral Cemetery
Baltimore, on Oct. 31st 1903

by Henry W. Mears Jr.
89 West North Ave.

Name
In
Full

Phillip P. McGuire

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct.	Day 1	Age 63	Years	Months
Sex	Male	Color or Race	white	Birth-place	N. Y.	
Occupation	Labourer		Where Residing if not at place of death	505 N. Clinton		
Married, Single or Widowed	Married	Name of Wife or Husband	Bessie McGuire			
Father's Name	Not Known		Father's Birthplace	Ireland		
Mother's Maiden Name	Not Known		Mother's Birthplace	Ireland		
Name of person giving Information	Bessie McGuire		How related to deceased	Wife		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis
asthma

How long

2 years

Immediate

asthma

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. J. McAvoy
839 S. Calton
Balto Md

Accident or Suicide?

John J. Fields
of Peters Cemetery

Name
in
Full

Francis Mc Kenzie.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Samuel Mc Kenzie		Father's Birthplace		
Mother's Maiden Name		unknown		Mother's Birthplace		
Name of person giving information		Asst Payton M D		How related to deceased		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

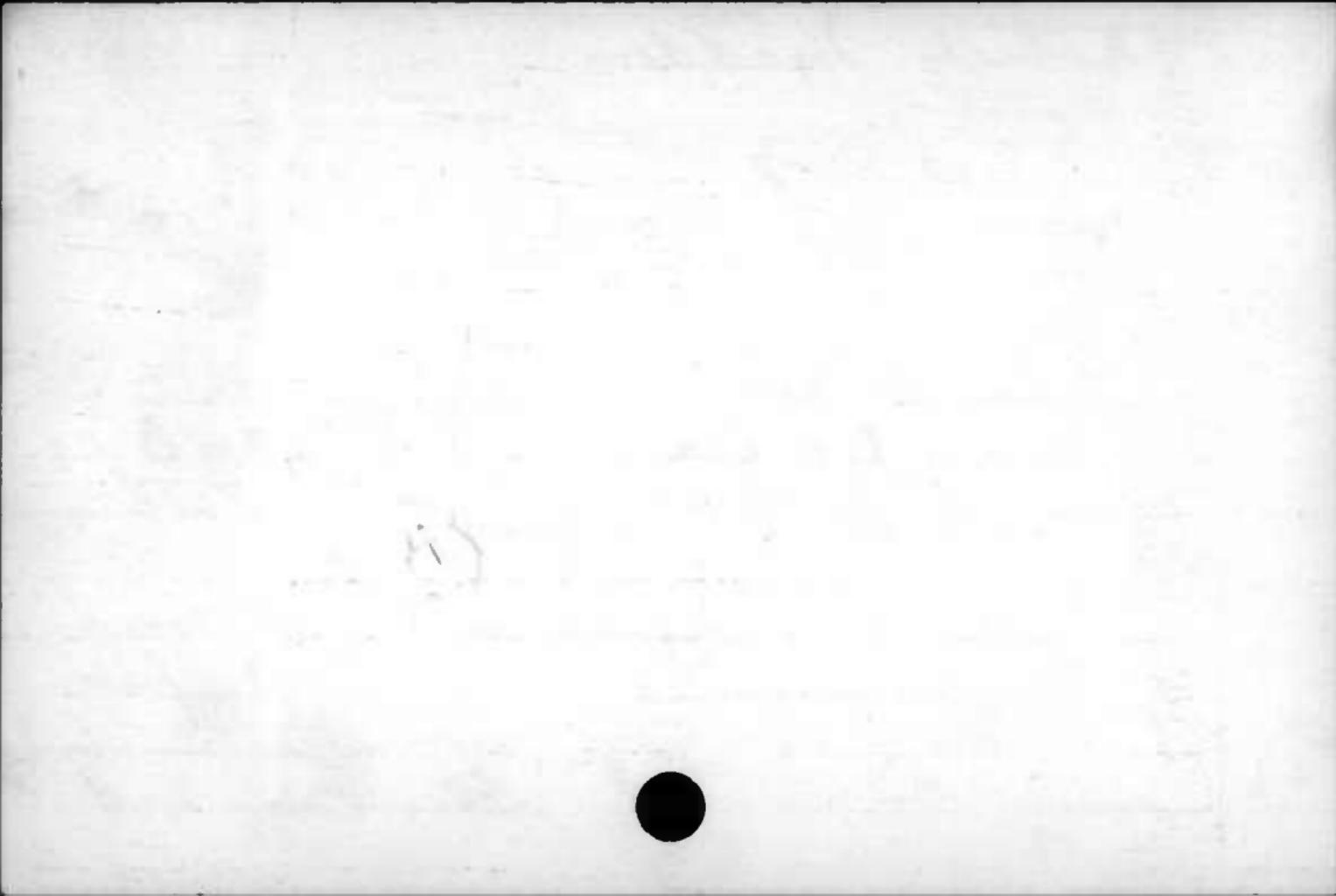
Primary *acute tonsilitis with rheumatism* *about weeks*
Immediate *Cardiac Syncope* *three weeks* *congenital* *very brief*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Asst Payton M D
1136 Whaley St Baltimore

Accident or Suicide?



Name
in
Full

Robert Madden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Philopolis	Baldo				
Date of death	Month	Day	Years	Months	Days
1907	10	7	Age	10	
Sex	male	Color or Race	black	Birth-place	Philopolis
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
John T. Madden	Balto co				
Mother's Maiden Name	Fannie J. Iler				
Name of person giving Information	Balto co.				
Father	Zathus				
How related to deceased					

CAUSES OF DEATH

Primary

Typhoid Pneumonia

How long

3 weeks

Immediate

Meningitis

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

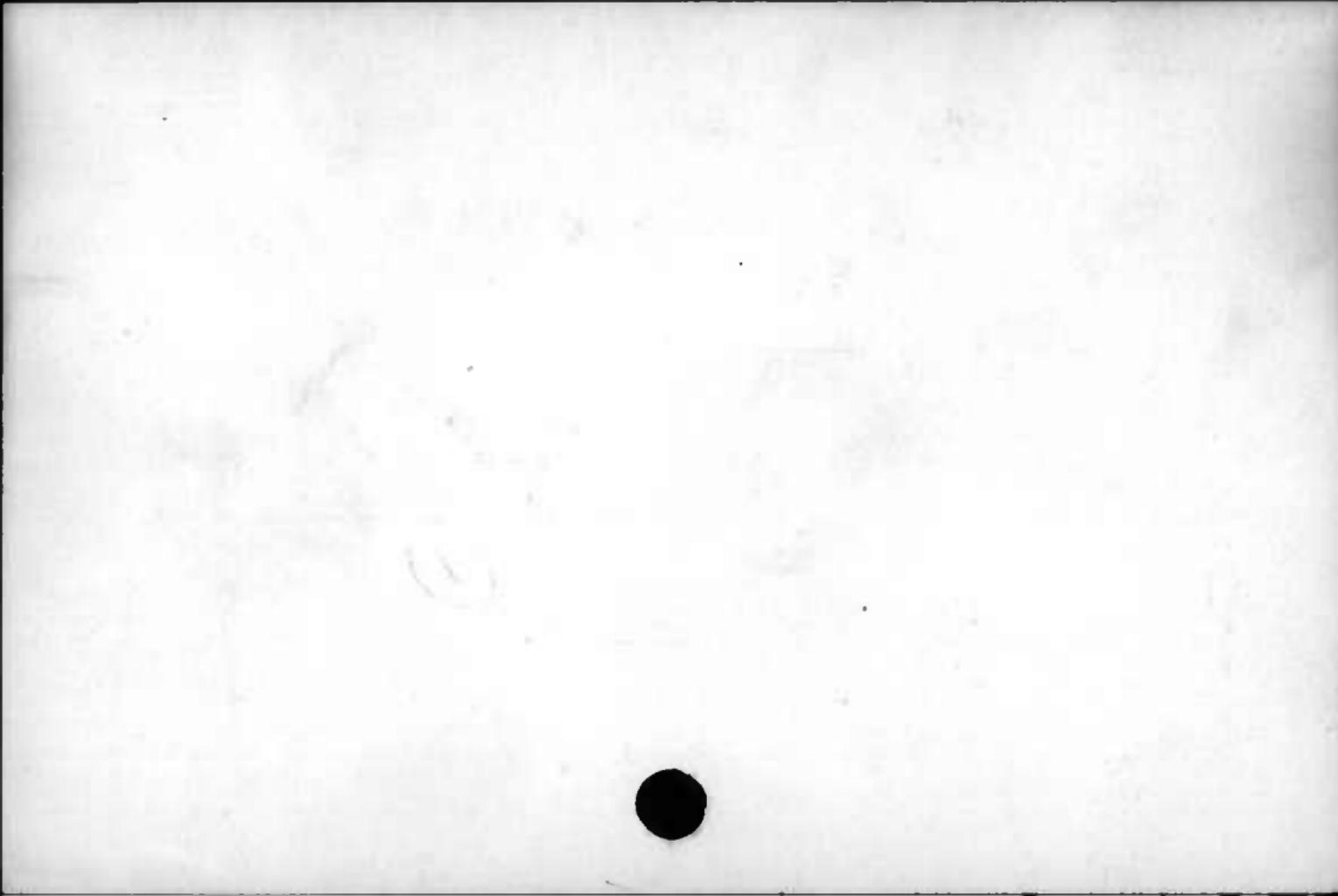
Signature of Physician

Yes

Address

B. W. Sherman, M.D.
Glenmoor Md

Accident or Suicide?



Name
in
Full

Charles Cornelius Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Asbland	Balto.	Months	Days
Date of death	1907	Month 10	Day 8	Years
Age	57			
Sex	Male	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	/	
Father's Name	Geo. S. Martin		Father's Birthplace	Ind
Mother's Maiden Name	Bertha May Smith		Mother's Birthplace	Ind.
Name of person giving information	Bertha Martin		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Myocarditis

151

How long

3 months

Immediate

Exhaustion -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wihner C. Ensor
Cockeysville
Md.

Accident or Suicide?

Interned
Funeral at Bally
Cemetery Thursday

10.15

Name
in
Full

John T. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
7 Oct	6	Age	.17	6	26	
Sex	Male	Color or Race	African	Birth- place	Catonsville	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Charles W. Matthews			Father's Birthplace	Maryland	
Mother's Maiden Name	Anna Maria Purvis			Mother's Birthplace	"	
Name of person giving Information	Dolergine Matthews			How related	Sister	

CAUSES OF DEATH

27

Primary

Ptysisis Pulmonalis

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Whetley
Catonsville

Md L

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Robert Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Most Josephs College
Died at

Baltimore
County

MARYLAND

Date of death 1907	Month October	Day 11 ^a	Years 29	Months	Days
Sex Male	Color or Race white			Unknown	Unknown
Occupation Farm Labour	Where Residing if not at place of death Latinov P.O. Ontario				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Unknown				Father's Birthplace Unknown	Unknown
Mother's Maiden Name Unknown				Mother's Birthplace Unknown	Unknown
Name of person giving information Bro Spadore Most Josephs College				How related to deceased	none

CAUSES OF DEATH

174

How long

about
2½ hours

How long

Primary

Asphyxiation from

Immediate

Intoxicating Gas

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry B Whitley, coroner
Locustville, Md

Address

Accident or Suicide?

La Ronde

Name
in
Full

William Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 13	Years	Months 4	Days 28
Sex	Male	Color or Race	White	Birth-place	Baltw.	
Occupation	Where Residing if not at place of death			Baltw. Nucker Ave.		
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Baltw.	
Father's Name	Hector P. Mitchell			Mother's Birthplace	" "	
Mother's Maiden Name	Louisa Lanz			How related to deceased	Father	
Name of person giving Information	Hector P. Mitchell					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hes- Colectis

105

How long

one week

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

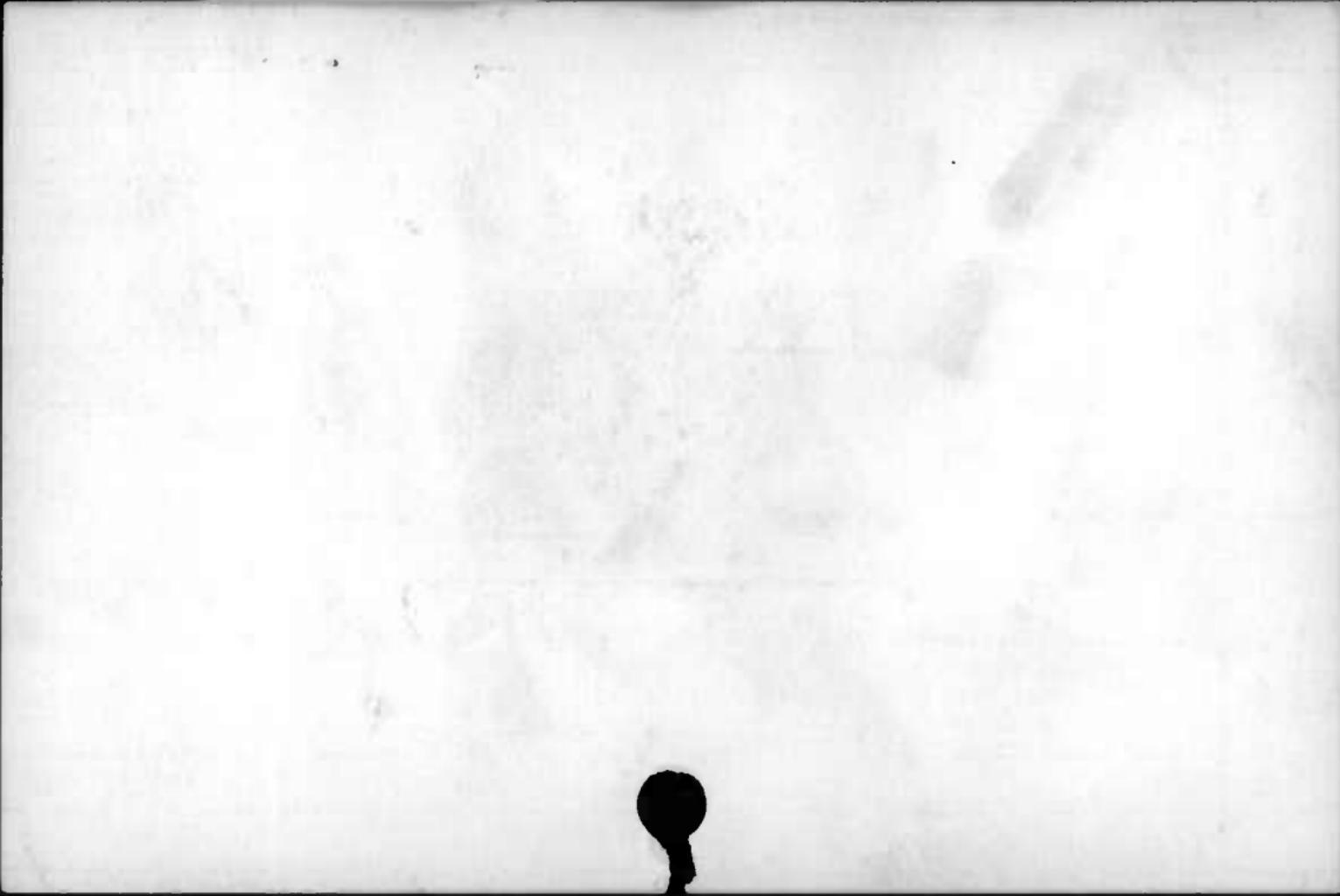
Address

Adolph Eisenberg, M.D.

2213 Orleans St

Accident or Suicide?

no



Name
in
Full

Richard Montague

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Overlea	Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male.	Color or Race	White Male	Birth-Place	Baltimore	
Occupation	None	Where Residing if not at place of death				
Married, Single Widowed	Widower	Name of Wife or Husband	Katherine Thomas Montague			
Father's Name	William Montague	Father's Birthplace			Me	
Mother's Maiden Name	Unknown	Mother's Birthplace			Unknown	
Name of person giving information	Frank J Montague	How related to deceased			Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age.

154

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Robert Ellsworth

1419 E. Eager St.

Baltimore Md.

Accident or Suicide?

no

Baltimore Cemetery
October 7/1901
William Cook
602 E North Ave

Name
in
Full

Agnes Ethel Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

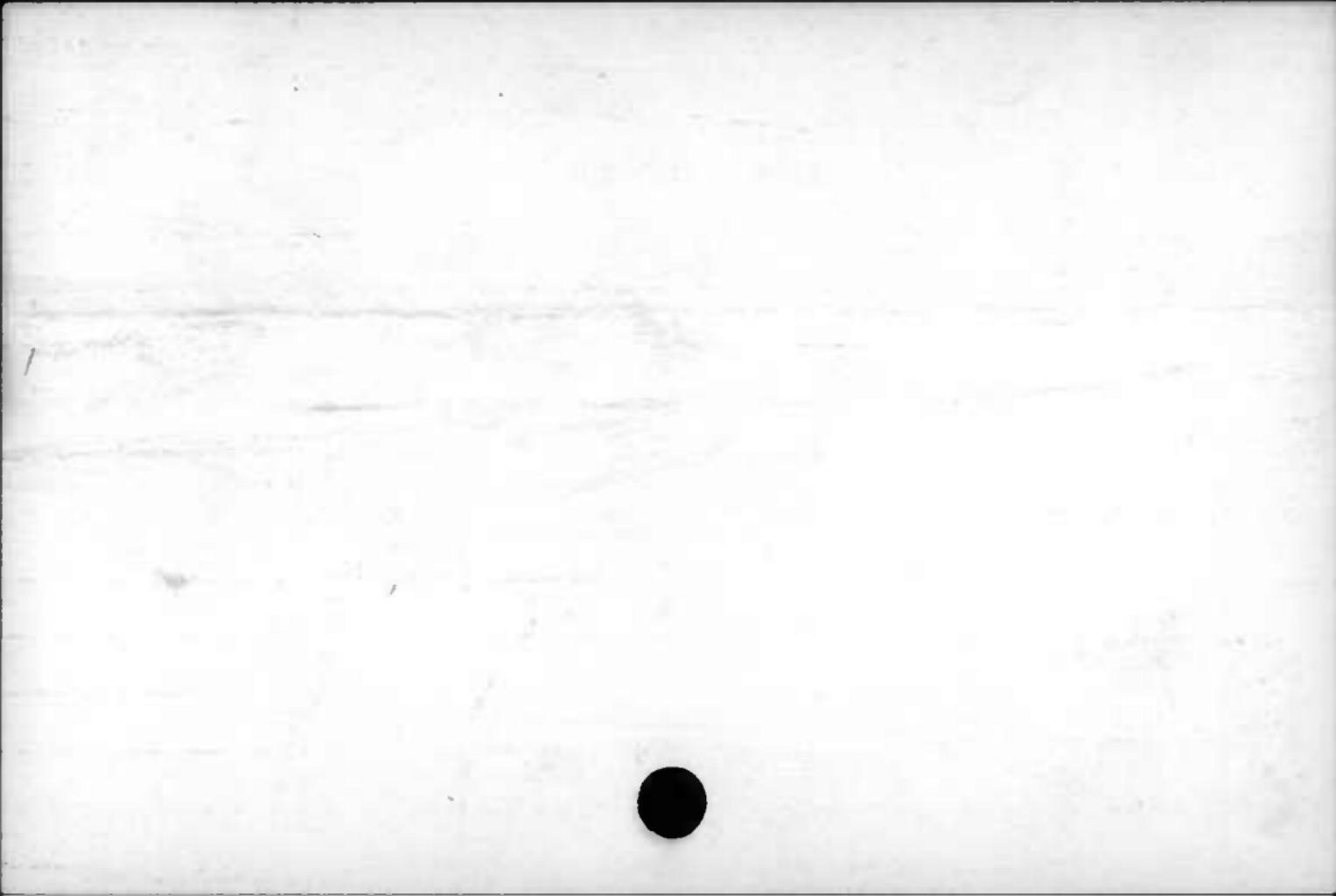
Died at <u>home</u> <u>Willi Hall</u> <u>Town</u>		<u>Baltimore</u> <u>County</u>		<u>MARYLAND</u>		
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birthplace <u>—</u>	<u>md</u>	
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>	<u>—</u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John F. Moore</u>			Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Levina E. Israel</u>			Mother's Birthplace <u>S. C.</u>			
Name of person giving information <u>Levina F. Moore</u>			How related to deceased <u>Mother</u>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>child died rather suddenly, from</u>	How long <u>—</u>
Immediate <u>hasty, quick, most probably Pneumonia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Millard Stirling,</u>
	Address <u>Shaney</u>
Accident or Suicide? <u>—</u>	<u>md.</u>



Name
in
Full

John Wesley Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	10	19	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	✓ Carroll Co.			
Father's Name	Robert Moore				
Mother's Maiden Name	Mary Snowden				
Name of person giving information	Kitty Moore				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Boyle's Disease

How long

18 mos.

Immediate

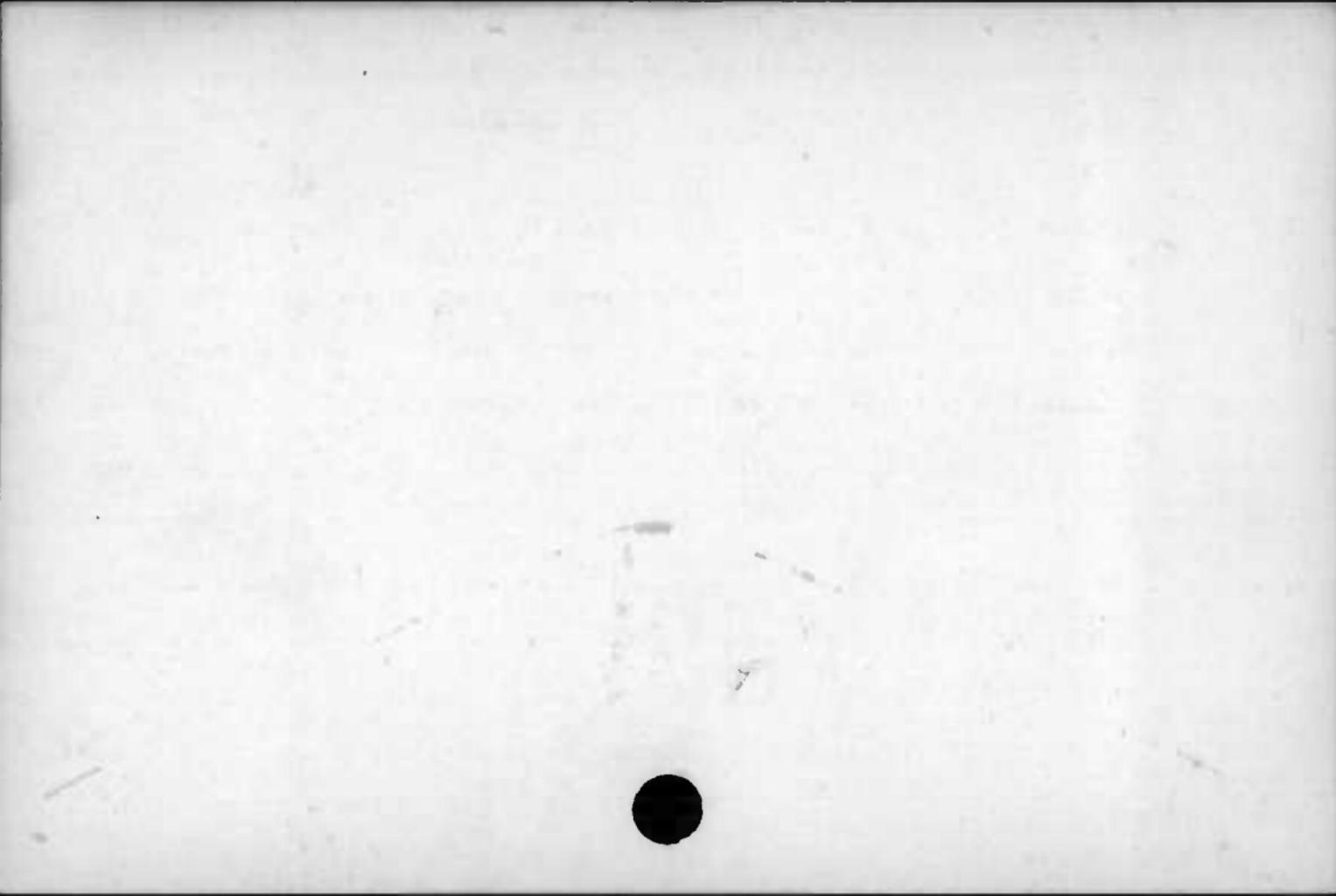
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Wesley Moore
Reisterstown Md.

Accident or Suicide?



Name
in
Full

Mary S Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1907	Month Oct	Day 12	Age 67	Year	Month 4	
Sex Female	Color or Race White	Birth-place Md	Days 20			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Frederick Morris				
Father's Name	Jacob F. Wilhelm					Father's Birthplace Md
Mother's Maiden Name	Elizabeth Free					Mother's Birthplace "
Name of person giving Information	Nicholas Morris					How related to deceased Husband

CAUSES OF DEATH

120

How long

PHYSICIAN
OR CORONER

Primary

Nephritis Chronic

6 months

Immediate

Heart failure & drops

1 month

Are the name, age, sex, color, date and place correctly given above?

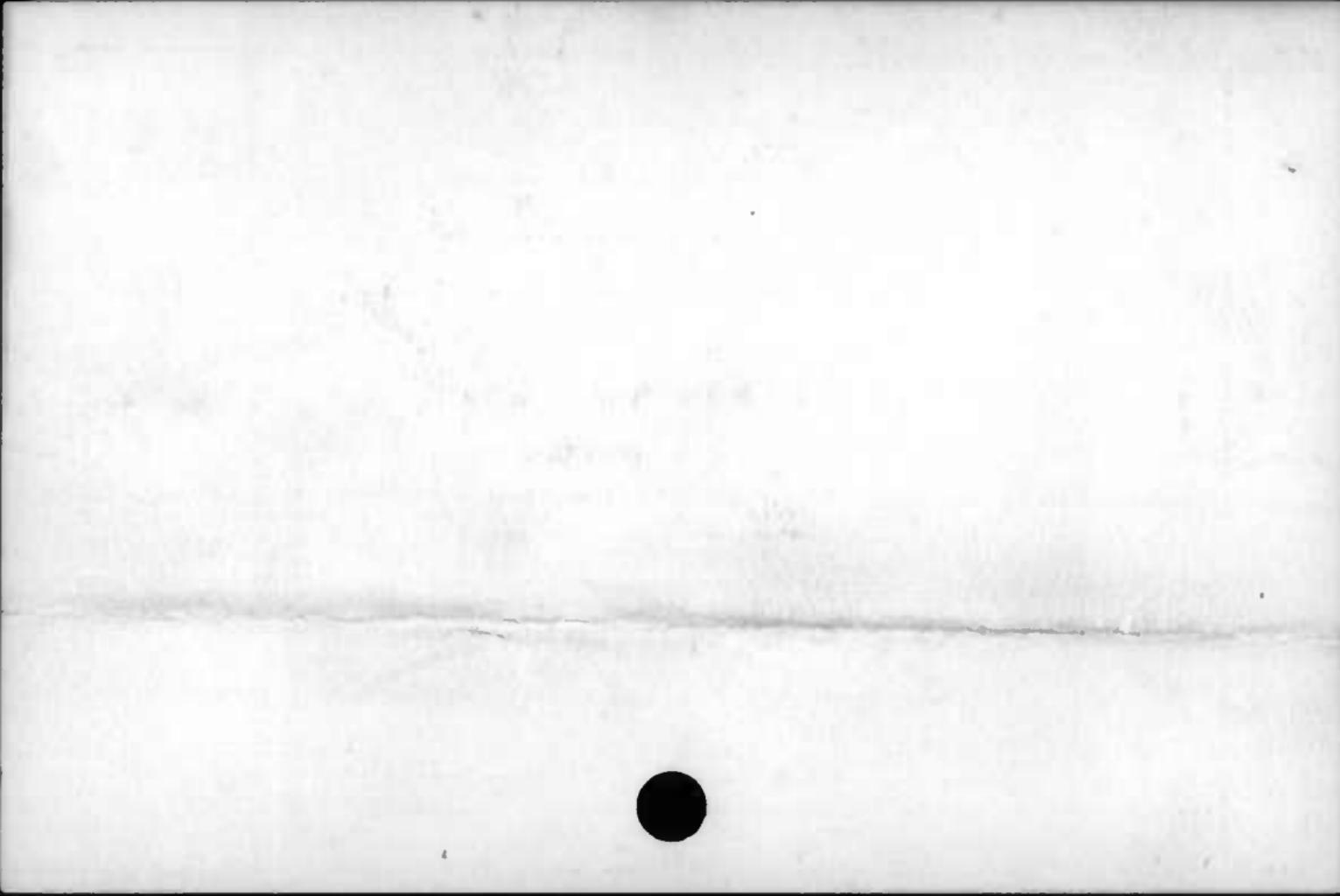
Yes

Signature of Physician

Address

R. L. Morris
Passionton

Accident or Suicide



Name
in
Full

Janette Munnuck
Sparrow's Point Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Birthplace		
Occupation	School Teacher	Where Residing is not at place of death	Sparrow's Point		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Daniel, Munnuck		Father's Birthplace	Md.	
Mother's Maiden Name	any known		Mother's Birthplace	Md.	
Name of person giving information	Geo. Munnuck		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid

1

How long

21 days

Immediate

Perforation Bowels

How long

5 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Woodlawn
Sparrow's Point
Md.

Accident or Suicide?



Name
in
Full

Yvorah Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u>		Town <u>Texas</u>		County <u>Balco.</u>		MARYLAND	
Date of death <u>1907 Oct.</u>	Month <u>Oct.</u>	Day <u>7</u>	Age <u>60</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Ireland</u>					
Occupation <u>None</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	<u>William Murphy</u>					
Father's Name	<u>Unknown</u>						Father's Birthplace <u>Ireland</u>
Mother's Maiden Name	<u>Unknown</u>						Mother's Birthplace <u>Ireland</u>
Name of person giving information	<u>Michael Baner</u>						Related to deceased <u>Son-in law</u>

CAUSES OF DEATH

104

Primary

Acute Indigestion ^{dead before} _{arrived}

How long

PHYSICIAN
OR CORONER

Immediate

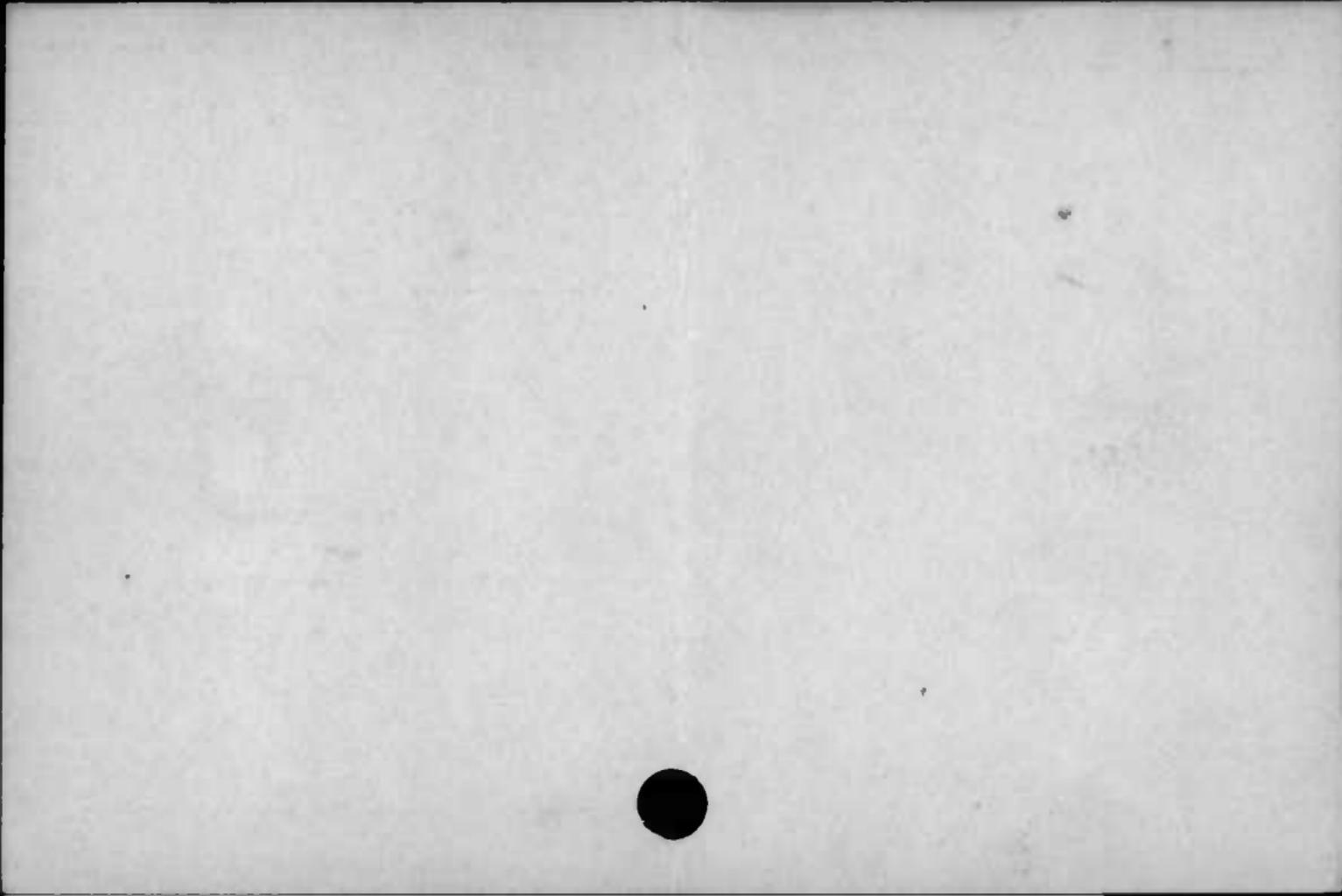
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos. D. Bussell
Texas
Md

Accident or Suicide?



Name
in
Full

Martha A. Murphy

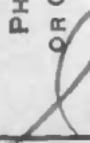
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	6 O'Donnell St		County	Baltimore	
Date of death 190	Month 10	Day 22	Years 62	Months 1	Days 4
Sex Female	Color or Race White	Birth-place Baltimore 2nd			
Occupation Housewife	Where Residing if not at place of death 6. O'Donnell St.				
Married, Single or Widowed Widow	Name of Wife or Husband John P. Murphy	Father's Birthplace Md			
Father's Name John P. Barrell	Mother's Birthplace Md				
Mother's Maiden Name Martha A. Barrell	How related to deceased Son.				
Name of person giving information George Murphy					
CAUSES OF DEATH					
Primary	Hemorrhage, exhaustion		12 hours		
Immediate	Strangulated Hernia.		2 weeks		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Joe L. Gray, M.D.	
				Address 3 and 4 Gough Street, Baltimore	
Accident or Suicide? No					

108

PHYSICIAN
OR CORONER



Zirkler + Zirkler,
1739 E. Eager St.

New Cathedral Gem,

Oct. 26-1907

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Nace

CERTIFICATE OF DEATH

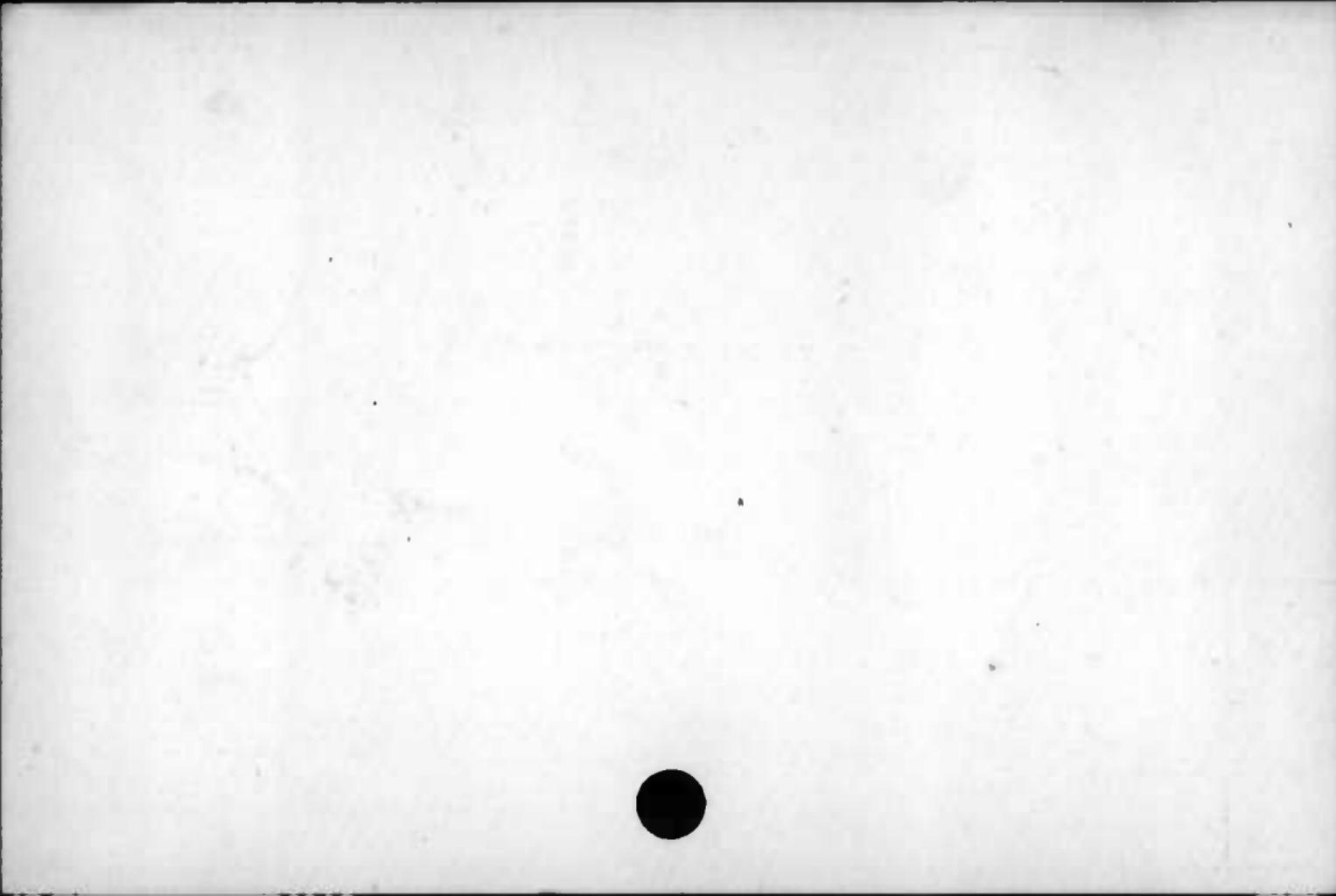
Died at <u>Davisville</u> <small>Town</small>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>19th</u>	Years <u>20 or 71</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Don't know</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Darsville Md</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Thomas Nace</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Caroline Shipley</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Alexander Malke</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>General break down</u>	How long
Immediate <u>Apoplexy</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Drach</u>
Sudden Death	Address <u>Baltimore Md</u>
Accident or Suicide?	



Name
in
Full

Martin Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Margaret J. Nelson		
Father's Name	John			
Mother's Maiden Name	Unknown			
Name of person giving information	Margaret J. Nelson			
CAUSES OF DEATH				
Primary	Senility and complications			
Immediate	Acute nephritis			
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. G. Bauer		
Address		Mt. Morris		

119

How long
1 year
How long
2 weeks
Accident or Suicide?

Cumberland Md

Nov. 1/07.

on foot
go & North

Name
in
Full

John Neubauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fullerton

Town

Date of death 1907

Month

Day

10

Years

3

County

Balto

MARYLAND

Month

5

Days

18

Sex Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Fullerton Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Neubauer

Father's
Birthplace

Europe

Mother's
Maiden Name

Catharina Bodenochatz

Mother's
Birthplace

Name of person giving
Information

John Neubauer

How related
to deceased

Father

CAUSES OF DEATH

19

Primary

Diphtheria

How long

3 days

Immediate

Failure of Vital Forces

How long

several hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Lugard & Whitefoot
Fullerton Md.

To best of my knowledge

Accident or Suicide?

Interim
Yersinia

Name
in
Full

James Nolan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Ireland		
Occupation	Manager		Where Residing if not at place of death	Ireland			
Married, Single or Widowed	Married	Name of Wife or Husband	Maggie Kinsella				
Father's Name	Lawrence Nolan		Father's Birthplace	Ireland			
Mother's Maiden Name	don't know		Mother's Birthplace	Ireland			
Name of person giving Information	Maggie Nolan		How related to deceased	wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pleurisy

94

How long

Four days.

Immediate

Cardiac Syncope

How long

one day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W.W. Jones M.D.
3116 S. ornell st.

Accident or Suicide

New Cathedral Cemetery

October 24th 1907

Germanus Hansen

An der latein

Name
in
Full

Mrs. Kate O'Connor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

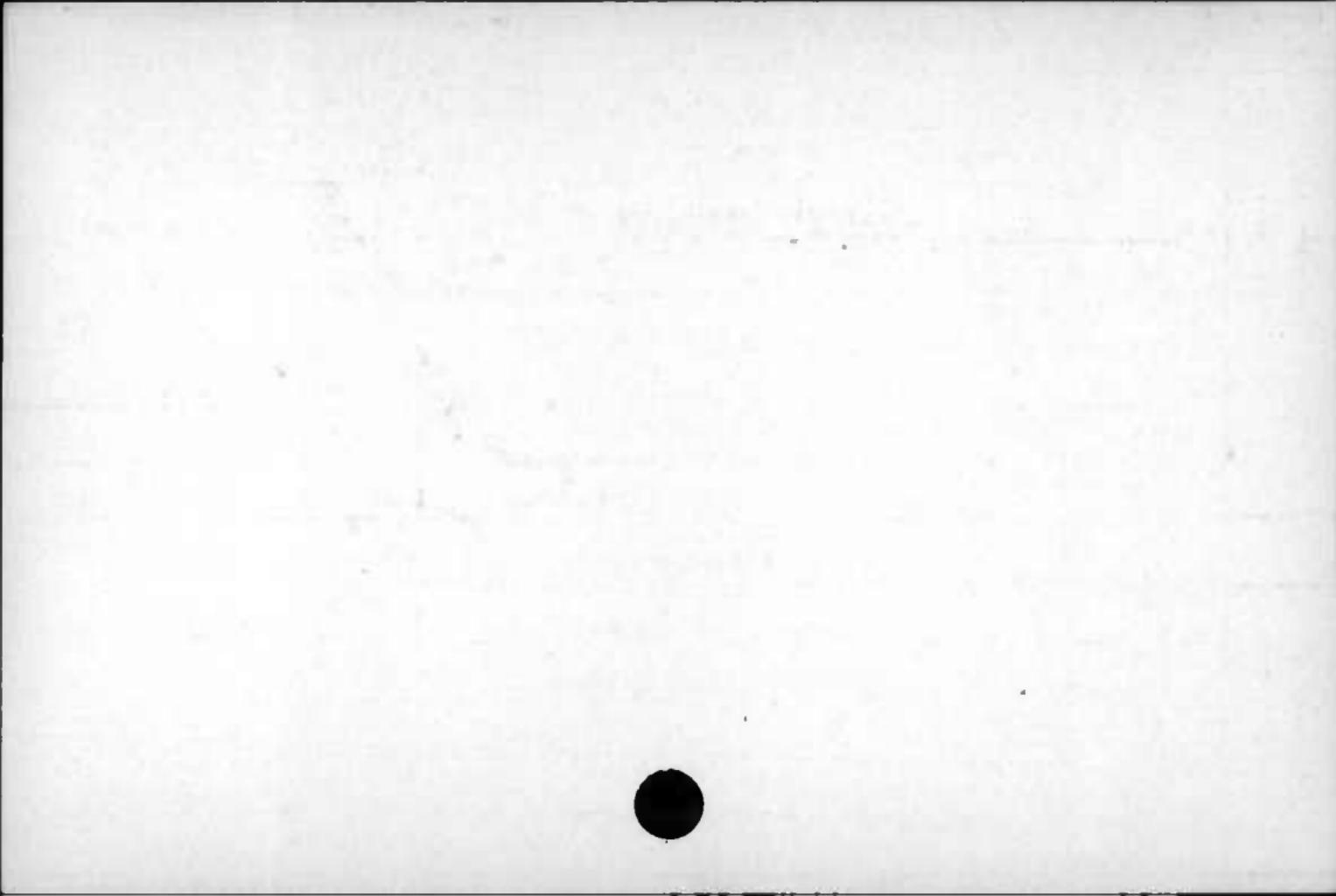
Town	County				
Died at Mt. Hope Retirement	Baltimore				
Date of death 1907 Oct	Month	Day	Years	Months	Days
7	Oct	1907	Age 48	not known	not known
Sex Female	Color or Race	White			
Occupation Florist	Where Residing if not at place of death Washington D.C.				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name not known	Father's Birthplace not known				
Mother's Maiden Name "	Mother's Birthplace "				
Name of person giving information Reed, Mt. Hope Retirement	How related to deceased not at all				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary Melancholia Chronic	How long over 3 yrs -
Immediate Ex-Chr. Bronchitis & Gastritis -	How long over 3 yrs -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Flannery
	Address Mt. Hope Retirement
Accident or Suicide?	Baltimore Md.



Name
in
Full

William Osing -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

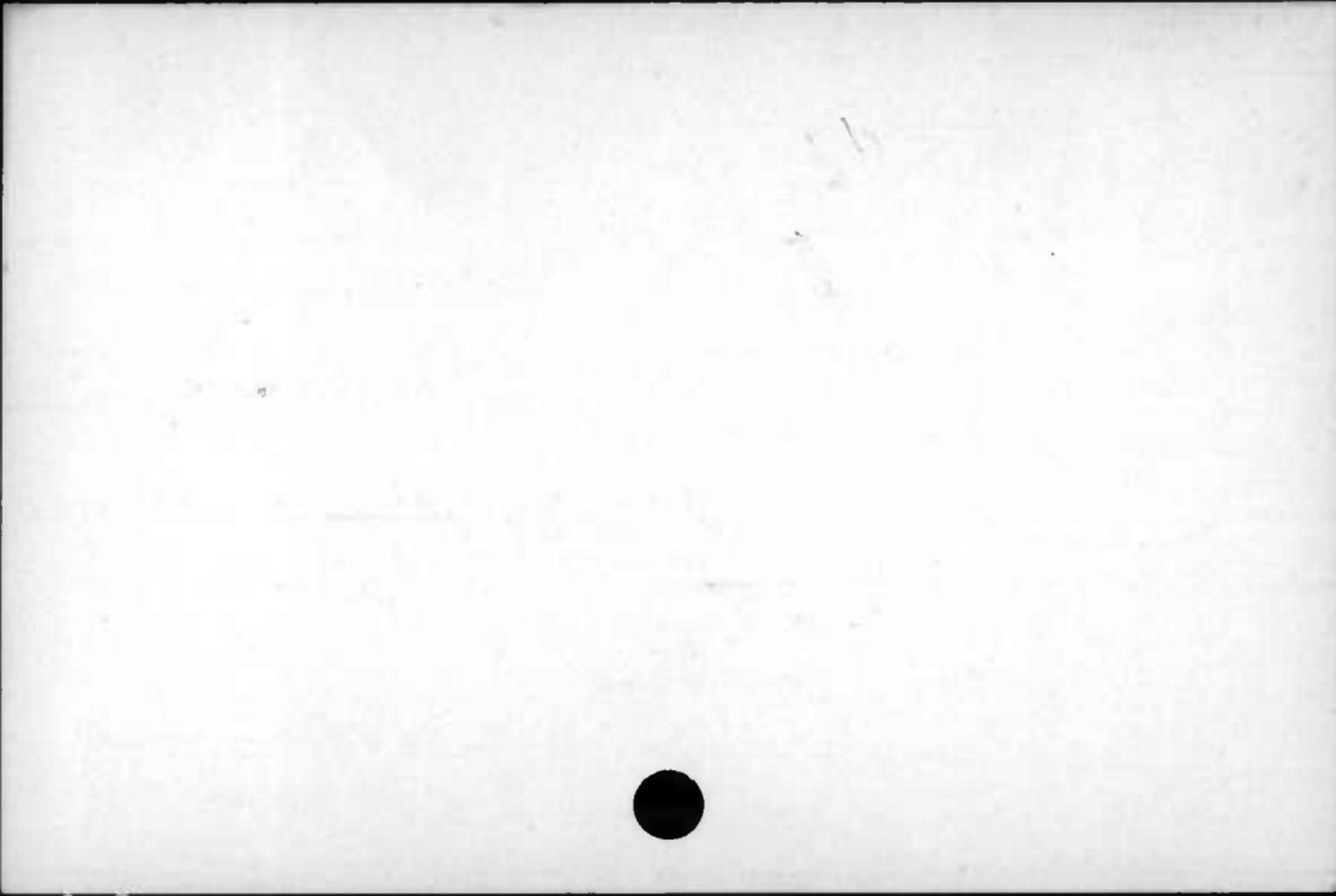
Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct	Day 31 st	Years Age 29	Months not known	Days not known	
Sex	Male	Color or Race	White	Birth- place	Baltimore Md -		
Occupation	Where Residing if not at place of death					Baltimore Md -	
Married, Singl or Widowed	Single	Name of Wife or Husband					
Father's Name	not known					Father's Birthplace not known.	
Mother's Maiden Name	"	"	Mother's Birthplace " "				
Name of person giving Information	Recd, Mt Hope Retnry					How related to deceased not at all	

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Malaria Ch. Post Epilepsy		How long over 3 yrs -
Immediate	Ex. Status Epilepticus		How long 2
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank J. Flannery
		Address	Mt Hope Retnry Baltimore Md -
Accident or Suicide?			



Name
in
Full

Hanna Parker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

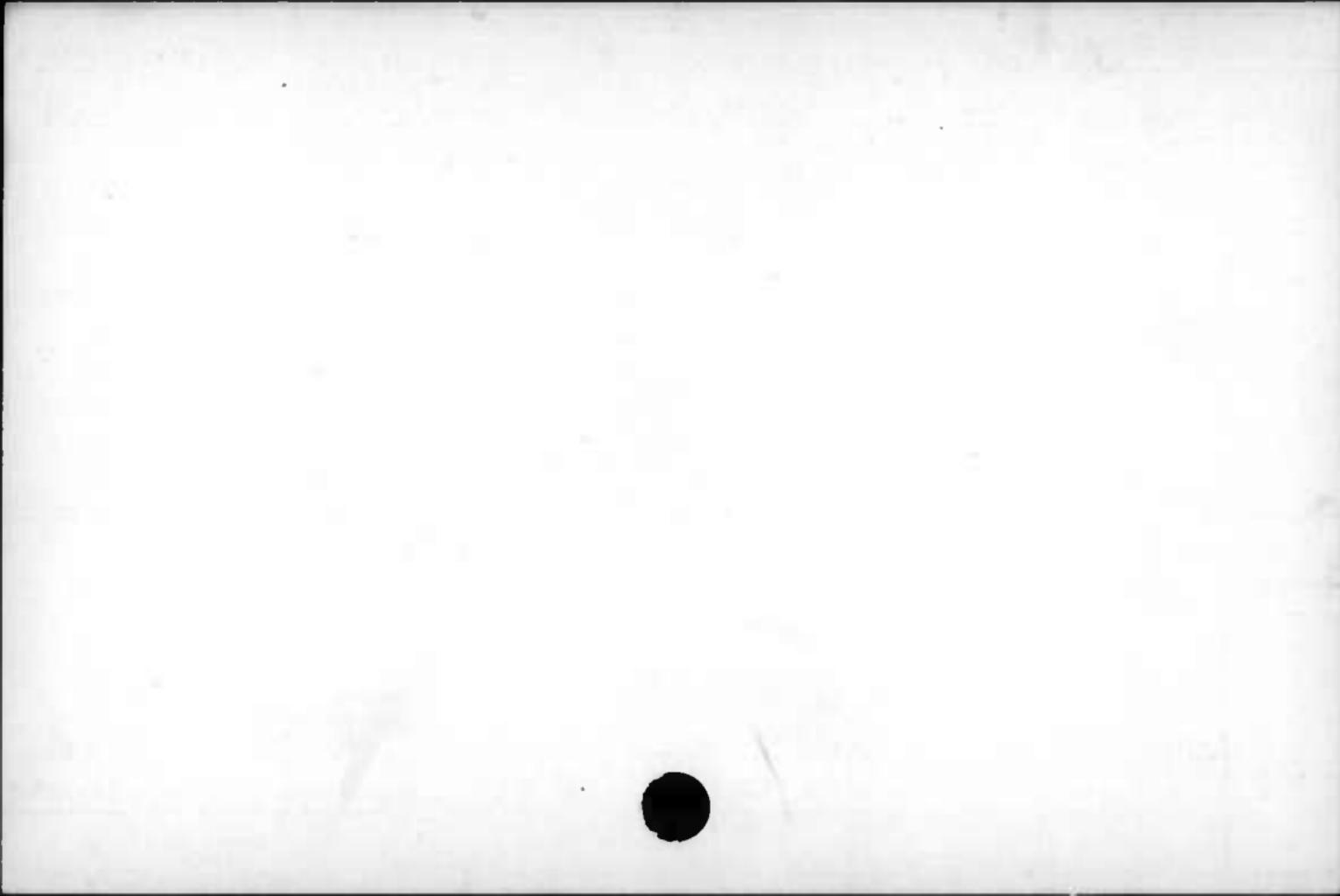
Town	County	
Died at	Baltimore	
Date of death 190	Month	Day
1907 Oct	27	
Age	Years	Months
45		
Sex	Color or Race	Birth-place
Female	Colored	Wd.
Occupation	Where Residing if not at place of death	
Cook	Arlington	
Married, Single or Widowed	Name of Wife or Husband	
Single		
Father's Name	Father's Birthplace	
Unknown	Unknown	
Mother's Maiden Name	Mother's Birthplace	
Unknown	Unknown	
Name of person giving information	How related to deceased	
Willie W Payfield	Employer.	

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	How long	
Chronic Alcoholism	1 year	
Immediate	How long	
Cardiac ex hypert.	6 hours.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes.	Address	
Accident or Suicide?	Natalie W. Parker Arlington	



Name
in
Full

Georgia E. Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white		Birthplace	Ind
Occupation	House wife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Elisha V. Parks			
Father's Name	Elias R. Parks			Father's Birthplace	Ind	
Mother's Maiden Name	Ruth Anderson			Mother's Birthplace	Ind	
Name of person giving information	Ruth Glenn			How related to deceased	daughter	

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary

Immediate

Abscess of Liver

Are the name, age, sex, color, date and place correctly given above?

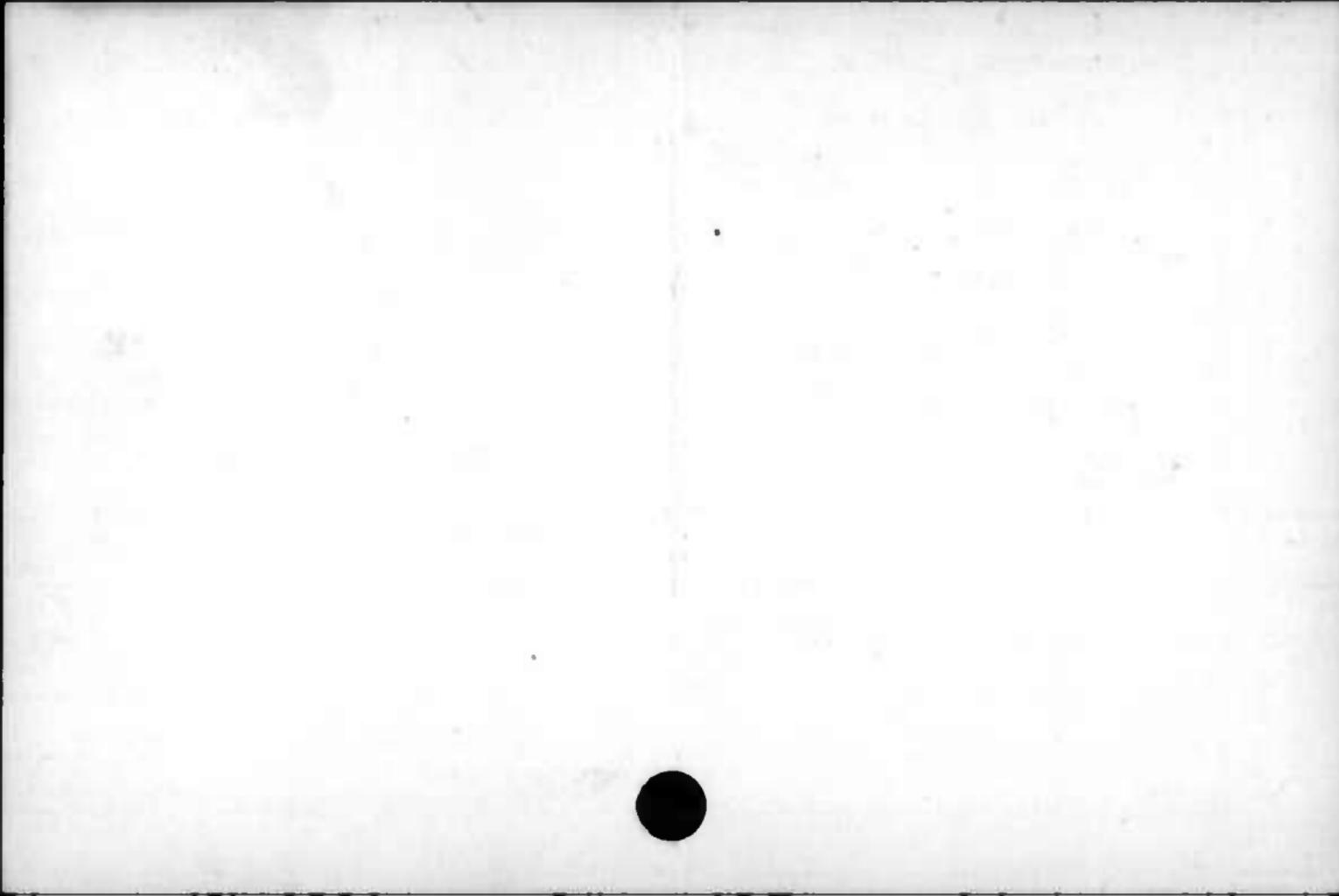
yes

Signature of Physician

Address

Joseph Wilson M.D.
Towablesburg
Ind

Accident or Suicide?



CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age	Birthplace	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Name		
Father's Name	Edward Smish		Balto Co		
Mother's Maiden Name	Margaret Johnson		Balto Co		
Name of person giving Information	Geo Smish		How related to deceased		

CAUSES OF DEATH

44

How long

18 months

1 week

Primary

Carcinoma of Liver & Lung

Immediate

Inflammation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A.C. Smish

Woodlawn Sta
Md.

Accident or Suicide?

Jos B Cook
Ridge Cemetery
Balto Co

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Elizabeth Payne
Town
Larkspurville
County
Baltimore Co

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Baltimore Co			Months		Days
Date of death	Month	Day	Years	Age	0	17	
1907	Oct	23	52	52			

Sex Female Color or Race Black

Occupation
Domestic

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name
Benjamin Johnson

Father's Birthplace
Baltimore Md

Mother's Maiden Name
Martha Johnson

Mother's Birthplace
Baltimore Md

Name of person giving
Information

Mother

How related
Mother

CAUSES OF DEATH

27

Primary

Acute Pulmonary Infection 2 months

How long

Immediate

Heart Disease
General failure of vital organs 2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

572 Benson
Larkspurville
Md

Accident or Suicide?

Funeral at Fowl's River
Oct 25th

W. C. Brooks

Name
in
Full

George K Pearce

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Georges</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907 Oct</u>	Month <u>Oct</u>	Day <u>24</u>	Age <u>61</u>	Years <u>6</u>	Months <u>6</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>St Georges</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Pearce</u>		Father's Birthplace <u>Md</u>		
Father's Name <u>Zukie J Pearce</u>			Mother's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Ellen Keck</u>			How related to deceased <u>Daughter</u>		
Name of person giving Information <u>Kate Pearce</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes

(50)

How long

Eight years

Immediate

Cardiac Failure

How long

Two months

Are the name, age, sex, color, date and place correctly given above?

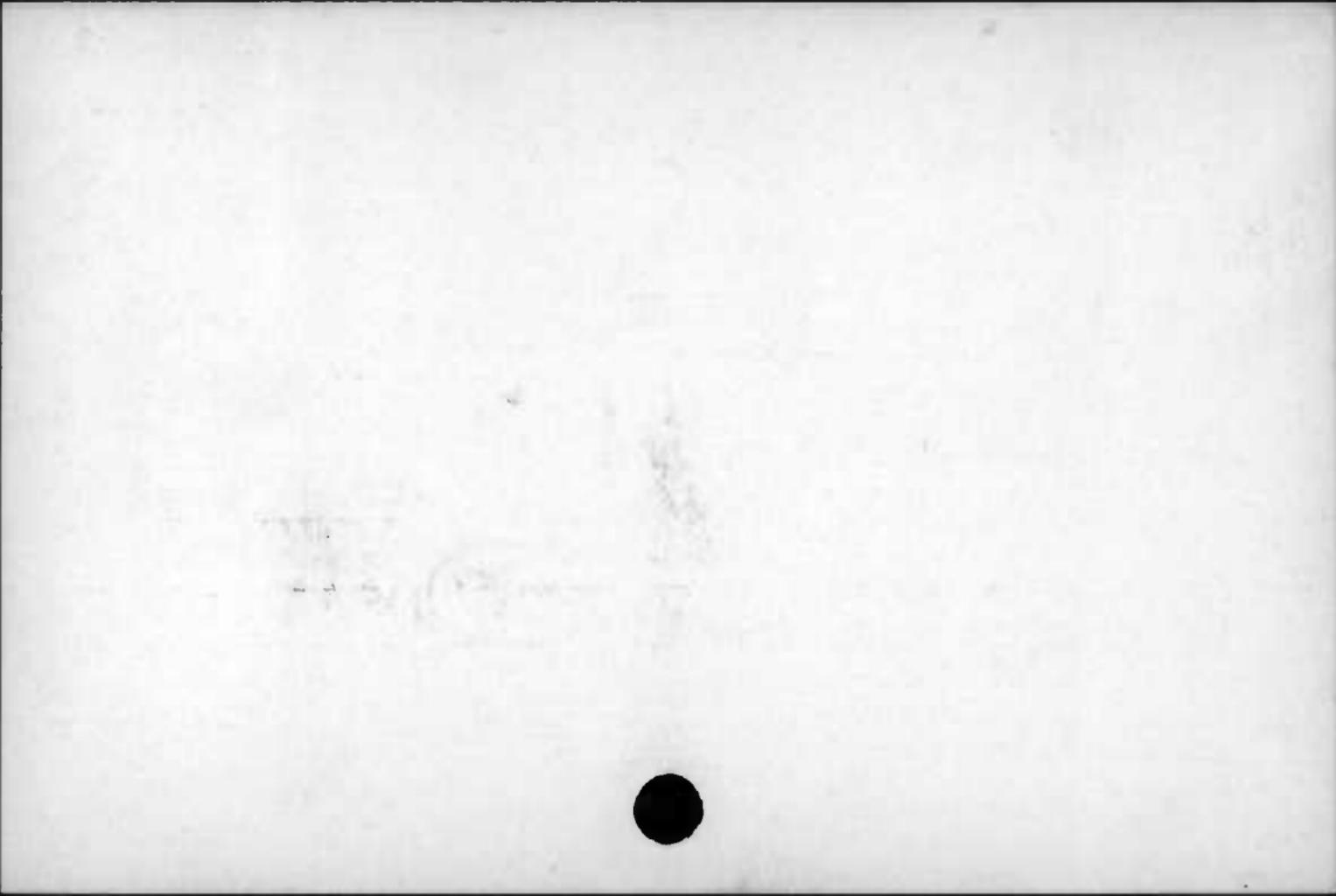
Yes

Signature of Physician

Address

J. Rubrice
Glyndon Md.

Accident or Suicide?



Name
in
Full

Dr. Jackson Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Towson</u>		Town		County <u>Baltimore</u>		MARYLAND			
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>11</u>	Age <u>78</u>	Years <u>78</u>	Months <u>11</u>	Days <u>2</u>			
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Baltimore</u>				
Occupation <u>Physician</u>			Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Imogene Piper (nee Shermaker)</u>								
Father's Name <u>James Piper</u>			Father's Birthplace <u>Baltimore</u>						
Mother's Maiden Name <u>Jane Evans</u>			Mother's Birthplace <u>Baltimore</u>						
Name of person giving information <u>James Piper</u>			How related to deceased <u>Son</u>						

CAUSES OF DEATH

1142

Primary <u>Arterio-Sclerotic - Gangrene - or</u>	<u>spay</u>	How long <u>10 to 11 months</u>
<u>Static Pneumonia</u>		
Immediate <u>Static Pneumonia</u>		How long <u>26 hours</u>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. G. Marnenburg

Address

Towson

Accident or Suicide? No

Henry M. Jenkins & Son Co

Funeral Directors

Funeral Sat Oct 12 $\frac{1}{2}$ /07

Place of Burial

Goudre Park

Name
in
Full

John Harry Poole

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died at <u>St. Agnes Hospital</u>		County	<u>Baltimore</u>		
Date of death 1907	Month <u>Oct</u>	Day <u>30</u>	Age <u>60</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Machinist</u>	Where Residing if not at place of death <u>Warburg - Md. c</u>					
Married, Single or Widower	Name of Wife or Husband <u>?</u>					
Father's Name <u>John Poole</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Ebbets</u>	Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Jan E. Poole</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

182

Primary <u>Thrombosis - Pectoral Vein.</u>	How long <u>?</u>
Immediate <u>Caused by Long a Bracing</u>	How long <u>Several months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. C. Coffey</u> Address <u>904 N. Charles St.</u> <u>Baltimore (Md.)</u>
Accident or Suicide? <u>NO</u>	

Patient Specie in for
female Lemur ~~Aug~~ 21-1907
died suddenly Oct 30. without
any preliminary symptom.
This is the most probable cause
of death. Autopsy refused
not ordered by Coroner.

J. C. Blodgett.

Name
in
Full

John W. Reckard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John W. Reckard		Father's Birthplace	md	
Mother's Maiden Name	Annie F. Knuck		Mother's Birthplace	md	
Name of person giving Information	John W. Reckard		How related to deceased	father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Acute Inanition	How long	14 day
Immediate	Convulsion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. S. McKieffer
		Address	Morell Bld
Accident or Suicide?			Balto Co. Md

Hawak
wash Road.

William Cook
Baltimore Cemetery

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Frances Rehm.

CERTIFICATE OF DEATH

Died at

Baltimore, Maryland

County

MARYLAND

Date
of death

1907

Month

Oct

Day

18

Years

87

Months

9

Days

9

Sex

Female

Color or
Race

white

Birth-
place

Bavaria

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Michael Rehm

Father's
Name

Mathias Schultz

Father's
Birthplace

Bavaria

Mother's
Maiden Name

Garbaya Graf

Mother's
Birthplace

Bavaria

Name of person giving
Information

Mrs. Frances A. Rehm

How related
to deceased

Daughter

CAUSES OF DEATH

14

Primary

Arterio-sclerosis. Dysentery

How long

40 days

Immediate

Exhaustion

How long

20 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

William J. Ford
Baltimore, Maryland

Accident or Suicide?

St Marys Cemetery
Govan's

Oct 21/07

H. C. Widdifield

Name
in
Full

Catherine Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place		
Married, Single or Widowed	Single	Occupation	Baltimore City			
Name of Wife or Husband	None		None			
Father's Name	Anthony P. Rice		Father's Birthplace Baltimore Md.			
Mother's Maiden Name	Mary Schmidt		Mother's Birthplace Baltimore			
Name of person giving information	Anthony P. Rice		How related to deceased Father			

CAUSES OF DEATH

Primary	Pneumonia		93	How long Two weeks
Immediate	Pneumonia			How long Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician P. A. Lowell, M.D.	Address 1241 Harvard ave Baltimore, Md.
Accident or Suicide?		Ira.		

PHYSICIAN
OR CORONER

Henry Hoeck New
und estateur

Holy Redemer Cemetery

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Herman Charles Rieder

CERTIFICATE OF DEATH

Died at Rossville

County Baltimore

MARYLAND

Date of death 1907 Month Oct Day 6

Years

Months 4 mo

Days

Age

Sex Male

Color or Race

white

Birth-place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Henry Rieder

Father's Birthplace

Md

Mother's Maiden Name

Annie Bedford

Mother's Birthplace

Md

Name of person giving
information

Henry Rieder

How related
to deceased

Father

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary

Inanition

How long

Immediate

How long 4 mo -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

6700 E. 36th Street
Rossville Md

Address

Accident or Suicide?

Accident

Entertainment
Bank Lot

Name
in
Full

John G. Riemann

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Lansdowne</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1901</u>	Month <u>Oct</u>	Day <u>12</u>	Age <u>10</u>	Months <u>10</u>	Days <u>4</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Baltimore, Md.</u>				
Occupation <u>School boy</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Adam Riemann</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Charlotte Riemann</u>	Mother's Birthplace <u>U.S.</u>					
Name of person giving Information <u>Adams Riemann</u>	How related to deceased					<u>Father</u>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Struck by B&O RR Train

How long

Immediate

Fractured skull & internal organs

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

August. W. Mills (Coroner)

Mr. Williams

Baltimore, Md.

Accident or Suicide

Name
in
Full

Pauline V. Rosello

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

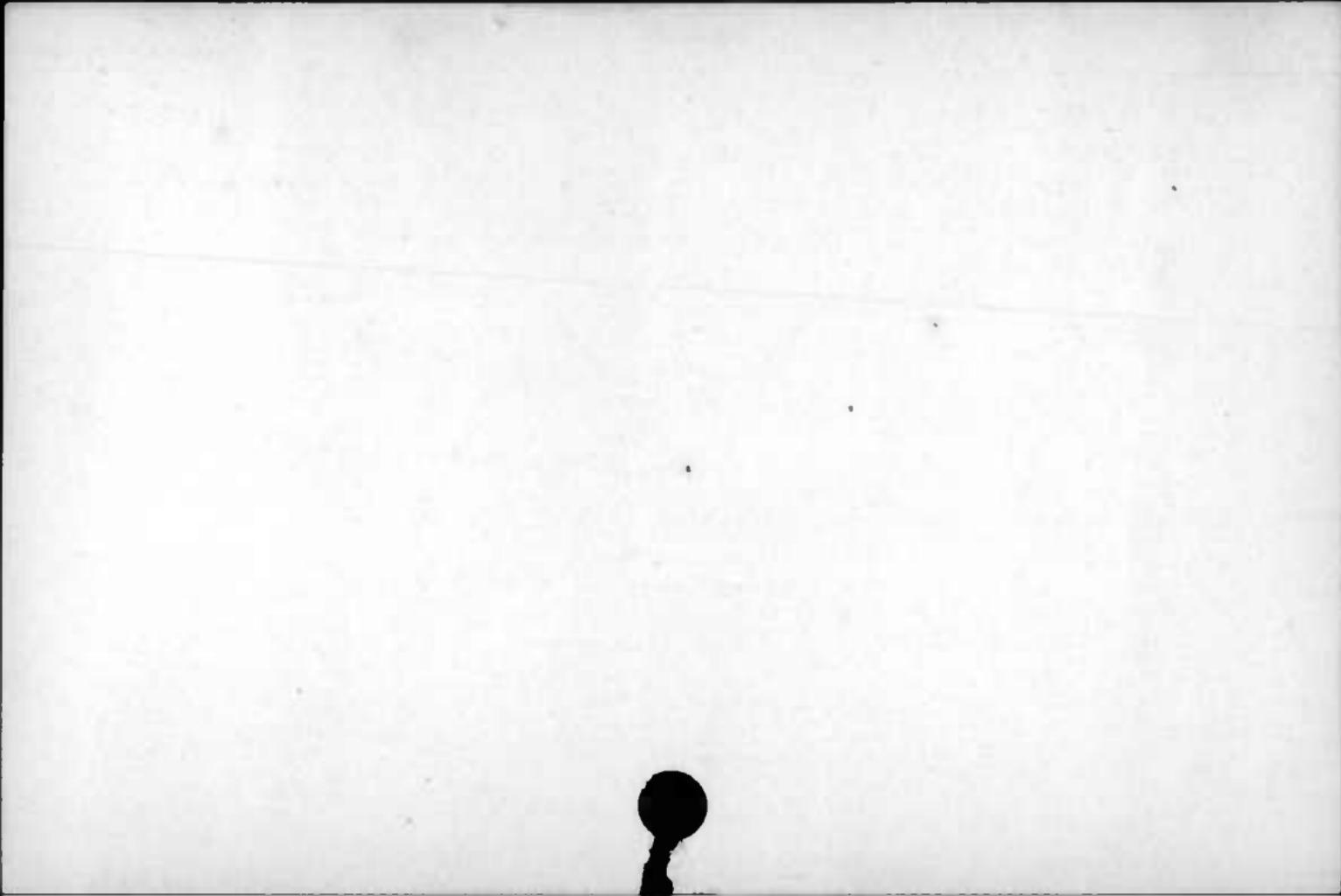
Died at <u>217 Hope Retina</u>		Town <u>Baltimore</u>	County <u>MARYLAND</u>		
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>11th</u>	Years <u>64</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Baltimore</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Baltimore Md</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>not Known</u>				
Father's Name <u>not Known</u>	Father's Birthplace <u>not Known</u>				
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>not Known</u>				
Name of person giving information <u>Recds Mt Hope Retina</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary <u>Malaria Chronic</u>	How long <u>33 yrs -</u>
Immediate <u>Ex-Pul & Cerebral Congest</u>	How long <u>7 hrs -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flanney</u>
Address <u>217 Hope Retina Baltimore Co</u>	
Accident or Suicide? <u>—</u>	



Name
in
Full

Elsie - Rott

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Highlandtown</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>October</u>	Day <u>29th</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Baltimore bo Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Resides at place of death</u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Frank L. Rott</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Augusta F Knoble</u>	Mother's Birthplace <u>Balto Md</u>				
Name of person giving information <u>Frank L Rott</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Inward Spasms

71

How long

2 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of

David A. Thompson Esq

Address

1521 Highland Ave,
Baltimore bo Md

Accident or Suicide?

DOCTOR
OR CORONER

Bluntion Muller
Mt Carmel Cen

Name
in
Full

Leonard Scuff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 26	Years	Months 10	Days 21
Sex	Male	Color	White	Birth-place	1st Washington	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Florence E. Scuff John E. Scuff			
Father's Name	John E. Scuff		Father's Birthplace		St. Paul, Minn.	
Mother's Maiden Name	Emory (Florence)		Mother's Birthplace		Baltimore	
Name of person giving information						How related to deceased

CAUSES OF DEATH

1

Primary Typhoid Fever How long two weeks
Immediate Internal hemorrhage How long several days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Ye

Signature of Physician

Address

I. Scuff
340 Potowmack

Accident or Suicide?

Slade Bros. Undertakers

St John's Long Green

Falls Road & Maltbeds area

- Mt Washington -

Anna M. Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sunny Brook</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1907 Oct. 14</u>	Month	Day	Years	Age <u>67</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>				
Occupation <u>Housewife</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>christian Schmidt</u>	Father's Birthplace <u>Germany</u>				
Father's Name <u>John Flick</u>	Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Carrie Binder</u>	How related to deceased <u>daughter</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Liver40

How long

8 months

Immediate

Exhaustion

How long

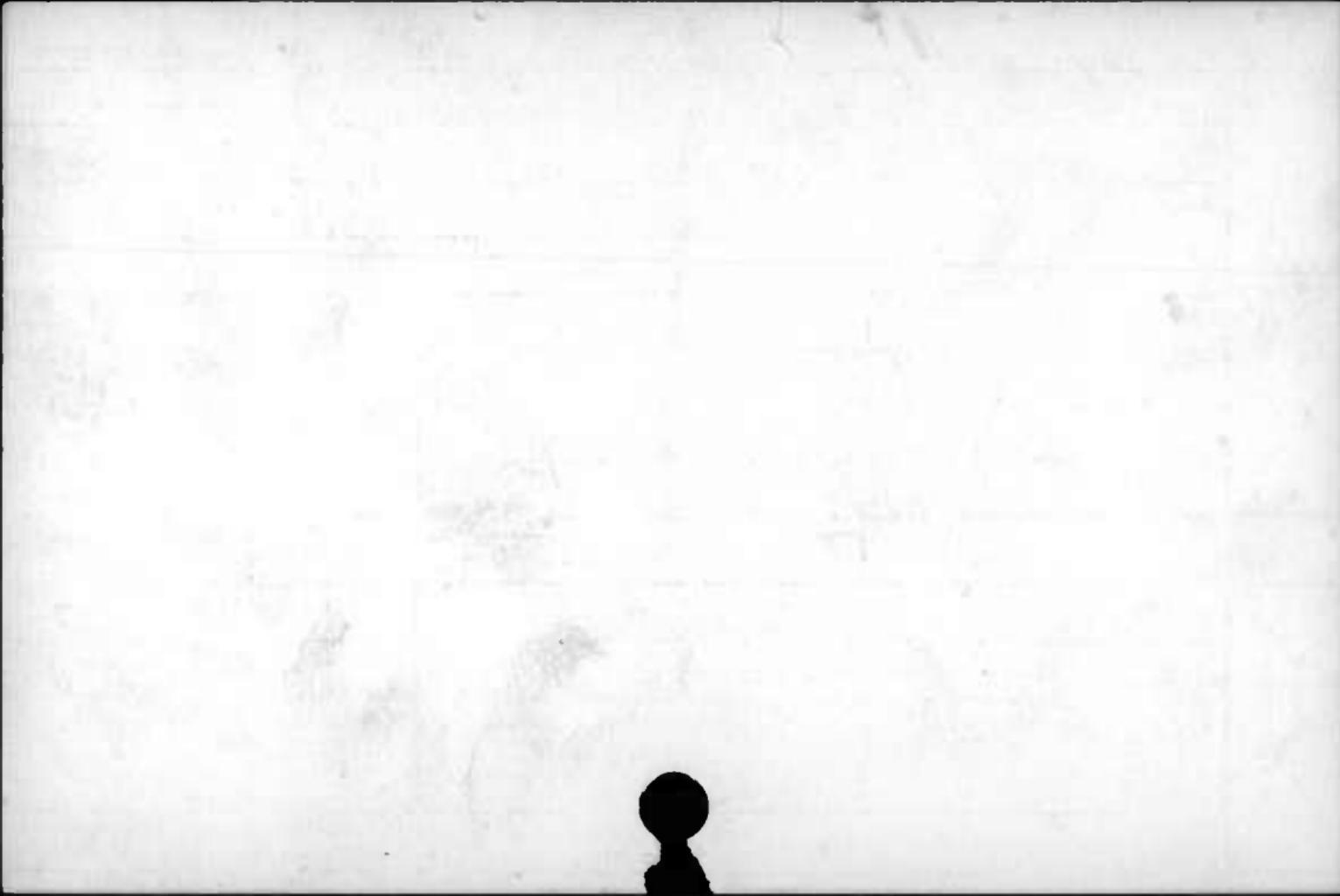
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. T. Payne, M.D.
Phoenix, MdYes

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frederick Schmidt

CERTIFICATE OF DEATH

Died at **Hillsville**

Town

County

Baltimore

MARYLAND

Date of death **1907** Month **Oct** Day **26**

Years **37** Months **0** Days **21**

Sex **male**

Color or Race

white

Birth-place

Baltimore

Occupation

Druggist

Where Residing if not
at place of death

Hillsville

Married, Single
or Widowed

married

Name of Wife or
Husband

Agnesia M Schmidt

Father's Name

Christian Schmidt

Father's Birthplace

Germany

Mother's Maiden Name

Therese Woel

Mother's Birthplace

Germany

Name of person giving
Information

Amelia Schmidt

How related
to deceased

wife

CAUSES OF DEATH

81

How long

6 months

Primary

Arterio sclerosis

How long

4 hours

Immediate

Heart Disease

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

**Washington
mt Winans**

Accident or Suicide?

E. Schlossman Son
London Park

Name
in
Full

Katie Schubert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton		County Balto		MARYLAND	
Date of death 1907	Month Oct	Day 1	Years —	Months 2	Days —
Sex Female	Color or Race White	Birth- place Balto Co.			
Occupation —	Where Residing if not at place of death 80 First St Canton				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Chas Schubert	✓		Father's Birthplace Balto Co.		
Mother's Maiden Name Bertha Burke	✓		Mother's Birthplace " "		
Name of person giving Information Chas Schubert	✓		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

71

How long

12 hours

Immediate

Cardiac syncope

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

1/30

Signature of
Physician

Address

D. W. Jones M. D.
3116 O'Connell St

Accident or Suicide?

1st German Gem

act 2nd, 1907

H Nicolans & Son

1820 Canton Ave

Name
in
Full

Katherine Schulte, 523 Sean St, Canton

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Canton</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>October</u>	Day <u>13th</u>	Years <u>71</u>	Age <u>71</u>	Months <u>10</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White German-American</u>	Birthplace <u>Baltimore</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Joseph Schulte</u>			Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Mary</u>			Mother's Birthplace <u>Poland</u>			
Name of person giving information <u>Dr. L. K. Hershberg</u>			How related to deceased			

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<u>Abscess on left side of brain</u>		How long <u>5 weeks</u>
Immediate	<u>Pneumonia</u>		How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Leonard K. Hershberg</u>	
		Address <u>1937 Madison Ave.</u>	
Accident or Suicide?	<u>Baltimore, Md.</u>		

Sacred Heart Cem.

Oct 16 in 1907

Germanus Frane
Undertaker

Name
In
Full

Robert Francis Schulte

CERTIFICATE OF DEATH

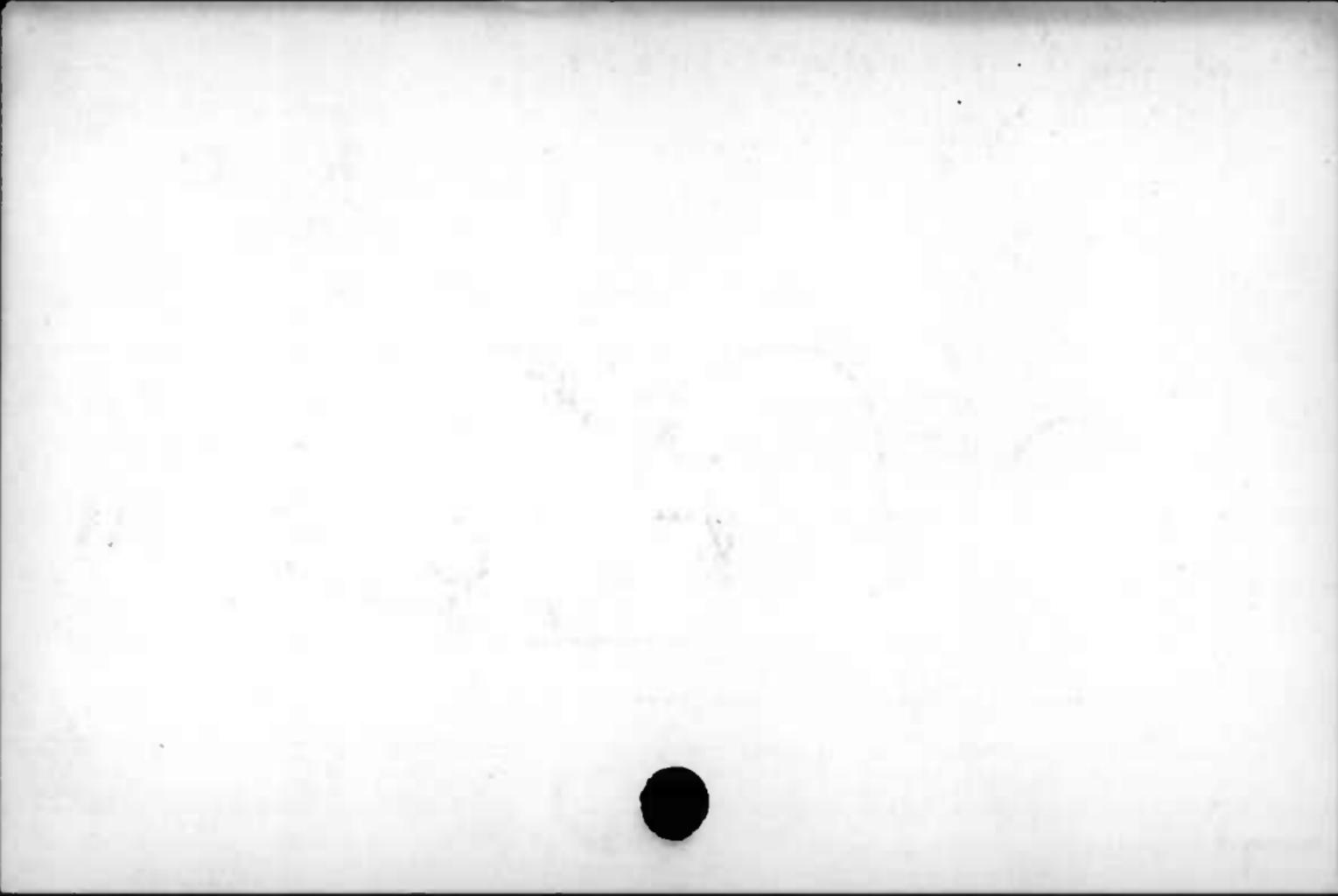
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male-	Color or Race	White	Birth-place	Balti County	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles Schulte			Father's Birthplace	Balti Md.	
Mother's Maiden Name	Anna Ruddy.			Mother's Birthplace	Frederick C	
Name of person giving information	Mrs Anna Ruddy.			How related to deceased		
CAUSES OF DEATH						
Primary	Chronic gastritis			How long	2 mo -	
Immediate	Collapse			How long	2 hr -	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. Fred Adams		
Yes.			Address	1314 N Charles St 4 Rollingwood Court • Balti E		

PHYSICIAN
OR CORONER

Accident or Suicide?

105



Name
in
Full

William Sichert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth place	Germany	
Occupation	Gardner					Where Residing if not at place of death
Married, Single or Widowed	Widow	Name of Wife or Husband	Emma Sichert			
Father's Name	William Sichert					Father's Birthplace
Mother's Maiden Name	Emma Watson					Mother's Birthplace
Name of person giving Information	Lorraine Sichert					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hanging

157

How long

Immediate

Suicide

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. Loglan
acting coroner
S. Creswell
Md

Accident or Suicide?

Druid Ridge

Name
in
FullTo BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

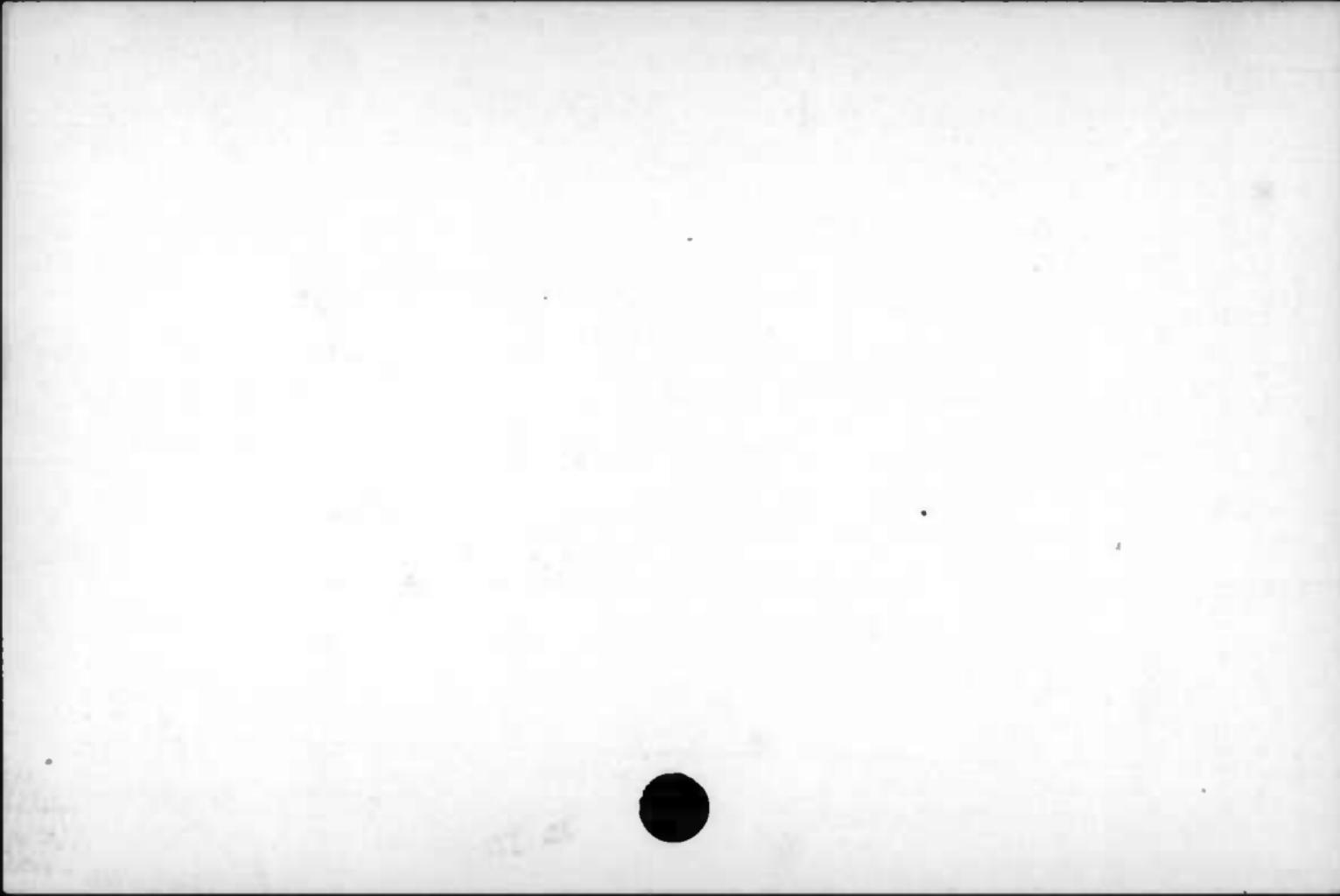
Tillion Sision

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Aug.	Day 10	Age 1	Months 10	Days 3
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	✓	Where Residing if not at place of death			Fork	
Married, Single or Widowed	✓	Name of Wife or Husband	✓			
Father's Name	George Sision			Father's Birthplace	Md	
Mother's Maiden Name	Tillian Butter			Mother's Birthplace	Md	
Name of person giving Information	Tillian Sision			How related to deceased	Mother	

CAUSES OF DEATH

Primary	Enteritis.	105	How long	7 Days
Immediate	Exhaustion		How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas Bagley Jr	
Yes		Address	Bagley	
Accident or Suicide?			Md -	



Name
in
Full

Welchijah Spragins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Q

Died at <u>St. Agnes Hospital</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>October</u>	Day <u>5th</u>	Age <u>28</u>	Years <u>9</u>	Months <u>0</u> Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>Physician</u>		Where Residing if not at place of death <u>1802 St. Paul St.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Stiff B. Spragins</u>	Father's Birthplace <u>Alabama</u>				
Mother's Maiden Name <u>Elizabeth Hamilton</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Elizabeth Spragins</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

120

Primary	<u>Chronic nephritis</u>	How long <u>10 years.</u>
Immediate	<u>Nephritis</u>	How long <u>3 days</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. F. Hazen M.D.
St. Agnes Hospital

Address

Accident or Suicide?

Name
in
Full

Arthur Standiford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Manor

County

County
Balto.

MARYLAND

Date
of death

1907 Oct.

Month

8 Day

Years

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Baltimore

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Henry E. Standiford

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Refuge E Gebattig

Mother's
Birthplace

Name of person giving
Information

Henry E. Standiford

How related
to deceased

Father

CAUSES OF DEATH

Primary

Measles

93

How long

3 mo

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. B. Payne
Corbett

Address

Accident or Suicide?

IV



Name
in
Full

Rudolph, Stehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park Town Baltimore County
Date of death 1907 Month Oct Day 23 Age 56 Years
Sex Male Color or Race White Birthplace Baltimore Md
Married, Single or Widowed Married Occupation Hair Manufacturer
Name of Wife or Husband Ida Kate Estabrook
Father's Name John Stehl Father's Birthplace Germany
Mother's Maiden Name Marie Comadine Boucsein Mother's Birthplace Germany
Name of person giving information Allen Stehl How related to deceased Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Arterio-Sclerosis coronary myocarditis

Immediate Cardiac Rupture (Post Mortem)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

3 days
M. G. Forte
Roland Park Md

Accident or Suicide?

No

Baltimore Oct 23rd 1907

Please grant Stewart &
Brown a Permit for
interment in London Park
Cemetery

Stewart & Brown Es

Name

In
Full

W. B. Smisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>807 Roland Ave</u>		Town <u>Baltimore</u> County <u>Baltimore Co</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>2</u>	Age <u>51</u> Years	Months <u>11</u>	Years <u>Wks</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Concerning <u>Concerning</u>		Birth-place <u>Lancaster Co Penn</u>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <u>Wm. P Smisher</u>		Father's Birthplace <u>Penn</u>				
Mother's Maiden Name <u>Eugenia J. Fallon</u>		Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Wm. B. Fallon</u>		How related to deceased				

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <u>Bronchitis Cardiac Asthma</u>	How much <u>Eleven weeks</u>
Immediate <u>Cardiac asthma</u>	How long <u>Ten hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry J. Bursley</u>
	Address <u>1305 Park Ave.</u>
Accident or Suicide?	

Place Burial
Lancaster County, Pa
Oct 3rd 1907

W. Edwin Chenoweth ^{son}
919. 3rd ave
Hampden Balt^{Mo}

Name
in
Full

Albert Taylor.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u>		County <u>Balto.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>5</u>	Age <u>65</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>England</u>			
Occupation <u>Gardner</u>	Where Residing if not at place of death <u>Catonsville Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Mast</u>				
Father's Name <u>Steven Taylor</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Mary Sutton</u>	Mother's Birthplace <u>England</u>				
Name of person giving information <u>Mrs Albert Taylor</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Left Hemiplegia
astensis.

Immediate

1 yr.
3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B. West
Catonsville, Md.

A death or Suicide?

C. Prester
London

Name
in
Full

Samuel. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Lower Gantown

Town

County

MARYLAND

Date of death 1907 Month October Day 12

Age 26 Years

Months

Days

Dont know

Sex Male

Color or Race

White

Birth-place

Baltimore Md.

Occupation Braemar

Where Residing if not
at place of death

318. Odornell st Baltimore

Married, Single or Widowed Married

Name of Wife or Husband

Hattie R. Burgen

Father's Name Charles. Taylor

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related
to deceased

Dont know

James J. Burgen

Farther in law

CAUSES OF DEATH

166

How long

How long

Crushed by Rail Road

Car.

Signature of
Physician

Address

David A. Thompson

1320 Highland Ave.

Baltimore County Md

Are the name, age, sex, color, date
and place correctly given above?

Yes

Accident

Accident or Suicide?

OR CORONER

A. Mays Hall
3539 Falls Road

8-
~~813 S. Washington~~

in Carmel County.

Name
in
Full

Emily Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	45	
Occupation	House wife	Where Residing if not at place of death	at residence		
Married, Single or Widowed	-	Name of Wife or Husband	Richard Thompson		
Father's Name	J. W. Waller	Father's Birthplace	Maryland		
Mother's Maiden Name	Don't Know	Mother's Birthplace	Maryland		
Name of person giving Information	Richard Thompson	How related to deceased	Husband		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis

Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

B. U. Duncan

Address

Gorhamtown Md

Accident or Suicide?

Felix B. Ge

102 E Mulberry St

Baltimore City

Barclay Oct 11 1907

in Laurel Cemetery.

Name
in
Full

George Thorwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Oct	19	68		
Sex	Male	Color or Race	White	Birthplace	Baltimore
Occupation	Laborer				
Married, Single or Widowed	Divorced				
Name of Wife or Husband					
Father's Name	Not Known				
Mother's Maiden Name	Not Known				
Name of person giving information	Charles Thorwood				

CAUSES OF DEATH

72

How long

4 days

How long

2 hours

PHYSICIAN
OR CORONER

Primary
Tetanus

Immediate
Exhaustion of Convulsion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. L. Murphy
3 and younger
Highlandtown Md

Accident or Suicide?

No

Baltimore Lumber
J. Sander & Sons

Name
in
Full

James Torington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Warren Town Baldo County
Date of death 1907 Month 10 Day 13 Years 92
Age 92 Months . Days 23.

Sex Male Color or Race White
Occupation Teacher Birthplace Hollywood Oakland
Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Delila Taylor.

Father's Name John Torington

Father's Birthplace Ireland

Mother's Maiden Name Mary Wilson

Mother's Birthplace Ireland

Name of person giving Information Lida J. Torington

How related to deceased Daughter

CAUSES OF DEATH

154

How long

Primary

Senility

Immediate

Hypostatic Pneumonia

How long
24 hours -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wilmer C. Ewer M.D.

Address

Cockeysville
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Primer at Mat-
Liberty Oct 16th

H. C. Brooks

Name
in
Full

Mary Underwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bethesda	Baltimore			
Date of death 1907	Month Oct	Day 13	Age	Years	Months
Sex Female	Color or Race	White	Occupation	Birth-place	Days
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	James A. Underwood				
Mother's Maiden Name	Lida H. Bucci				
Name of person giving Information	Lida H. Underwood				
Father's Birthplace	York, Pa.				
Mother's Birthplace	Bethesda, Md.				
How related to deceased	Mother				

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary ~~death~~ in utero from partial separation of placenta, presumably.

How long

24-36 hours

Immediate deficient oxygenation of blood

How long

Two hours, perhaps.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

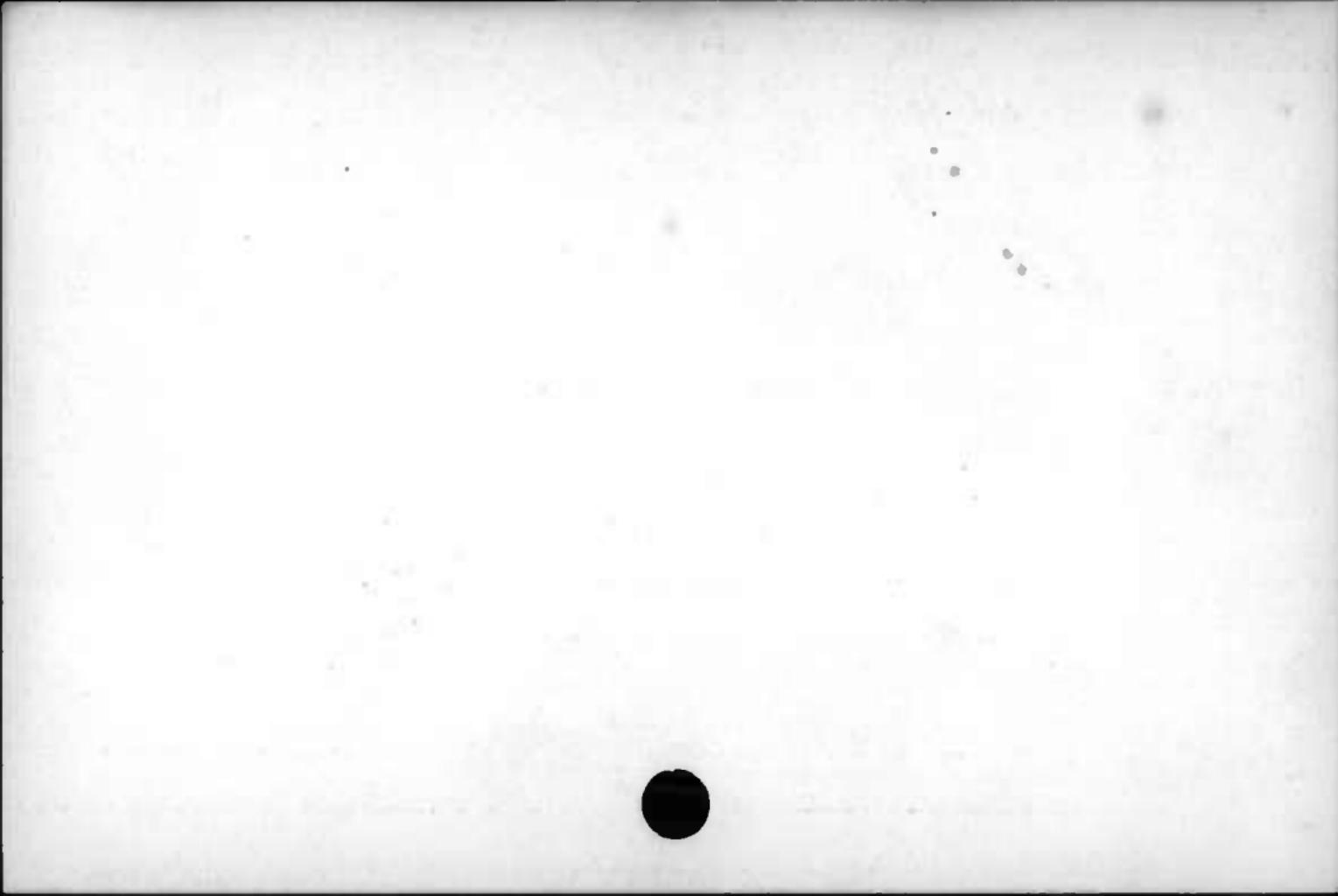
A. C. Mitchell

Address

Mountaine

Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

John A Vogel
Sparrow Point Ballt.

MARYLAND

Died at	Town		County			
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	North Carolina	
Occupation	Carpenter		Where Residing if not at place of death	Hylandtown Balto.		
Married, Single or Widowed	Married	Name of Wife or Husband	Jenny Vogel	Father's Birthplace	Germany	
Father's Name	Fred. A. Vogel			Mother's Birthplace	Germany	
Mother's Maiden Name	Margaret Miller			How related to deceased	Brother	
Name of person giving information	Gustav Vogel					

CAUSES OF DEATH

166

How long

How long

Primary

Immediate

accident. Hit by train

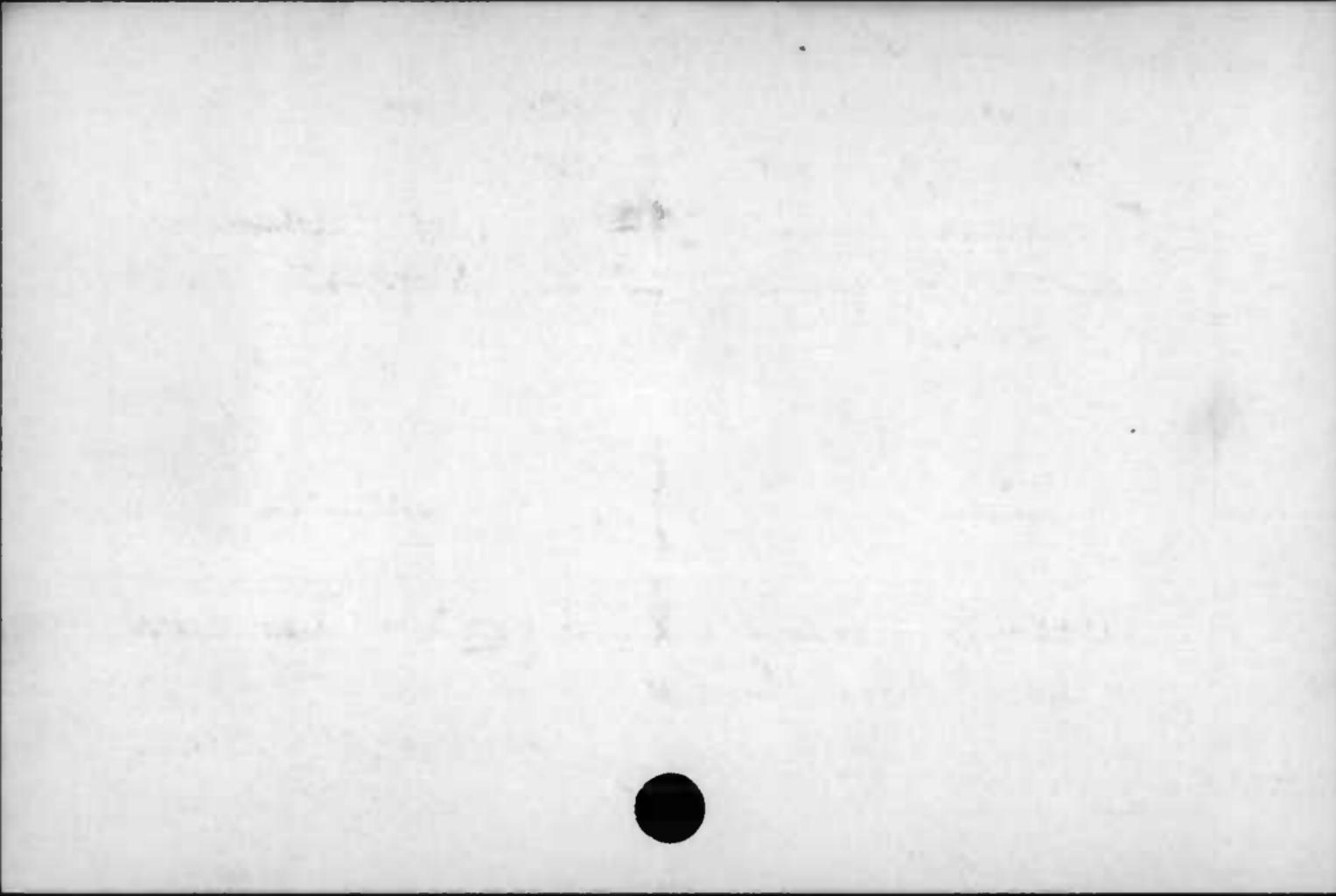
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joe Blau (Coroner)
Sparrow Point
Md

Accident



Name
in
Full

Frederick Walters

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1907	Oct	18	41			
Sex	Male	Color or Race	White	Birth-place	Baltimore,	
Occupation	Merchant		Where Residing if not at place of death	Rossville Balt Co		
Married, Single or Widowed	Single		Name of Wife or Husband	Father's Birthplace	Germany	
Father's Name	Geo. F. Walters			Mother's Birthplace	Germany	
Mother's Maiden Name	Doris Walters			How related to deceased		
Name of person giving information						

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary

Alcoholism w/ large liver &c

How long

Six weeks

Immediate

Crush to 7 lungs

How long

Four or six hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

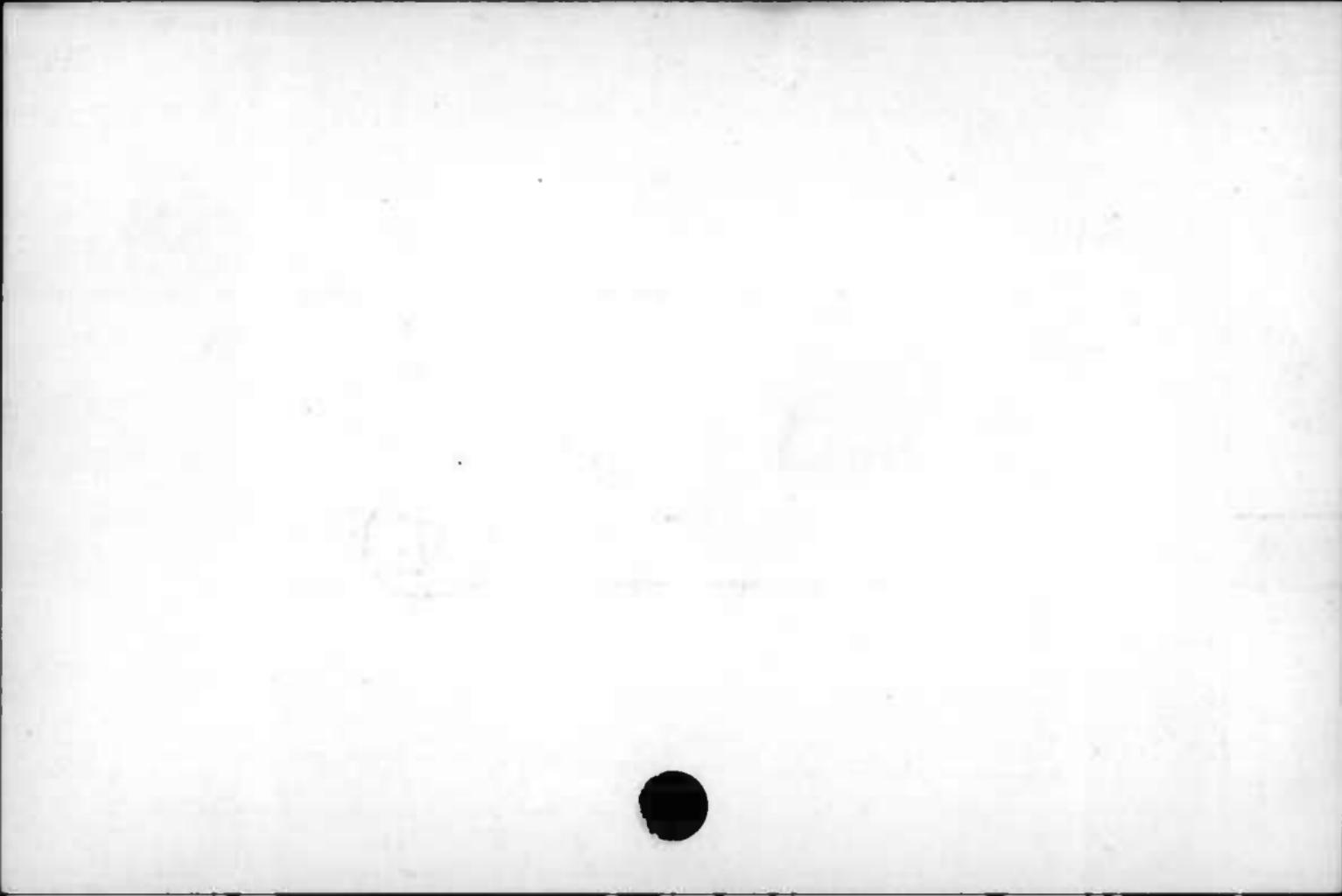
Address

Frederick F. Avery MD

Petersville

Accident or Suicide?

no



Name
in
Full

William A. Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907 Oct	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 1		80	
Occupation	None		Where Residing if not at place of death		824 S Elington St	
Married, Single or Widowed	Singh		Name of Wife or Husband		Co	
Father's Name	Chas Weaver		Father's Birthplace		Co	
Mother's Maiden Name	Elizabeth Weaver		Mother's Birthplace		Co	
Name of person giving Information	Chas Weaver		How related to deceased		Father	

CAUSES OF DEATH

93

How long

10 days -

How long

3 days -

Primary

Pneumonia Labor -

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. A. Alley
2 Hudson St

Accident or Suicide?

Mount Carmel

Nov 3rd 1907

H. Nicolai & Son
1820 Banton Ave

Ruth Webber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month 10	Day 2	Years	Months 4	Days 28
Sex	Female		Age	Birthplace Md.		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Not Known		Father's Birthplace	Not Known		
Mother's Maiden Name	Francis Webber		Mother's Birthplace	Va		
Name of person giving information	Francis Webber		How related to deceased	mother		

CAUSES OF DEATH

151

How long

3 months

How long

PHYSICIAN
OR CORONER

Primary

Marasmus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wilmer C. Ensor
Rockville
Md.

Accident or Suicide?

Mr Ayers
Potts Spring
Road

Mr Ayers
Potts Spring
Road

John Burn-Sons

Name
in
Full

Ann Cursey Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baldwin		Town Baltimore County		MARYLAND	
Date of death 1907	Month Oct.	Day 17	Years 96	Months 6	Days —
Sex Female	Color or Race White	Birth-place Somerset Co. Md.			
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Widow	Name of Husband Wm. H. Webster (deceased)				
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name Unknown	Mother's Birthplace Unknown				
Name of person giving Information Emma Cathell	How related to deceased Niece				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

154

How long

several years

Immediate

general debility

How long

several years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John S. Green

Address

Gillingham
Md.

Accident or Suicide?

Name
in
Full

Ethel Mildred Weitzel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at 3 Highwoodstowm		Town County		MARYLAND	
Date of death 1907	Month 10	Day 9	Age —	Months 5	Days —
Sex Female	Color or Race white	Birth-place Md			
Occupation house	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm J. Weitzel	Father's Birthplace		Md	
Mother's Maiden Name	Nettie E. Hartzell	Mother's Birthplace		Md	
Name of person giving Information	Mary Weitzel	How related to deceased		Grand-mother	
CAUSES OF DEATH					
Primary	Inanition		151		How long
Immediate	—				Since birth
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. F. A. Glantz	
			Address	4. Easter Ave.	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Mr. Carmel Ben
Henry for
9/1/07

Name
in
Full

Elisha Pearl Wheeler

CERTIFICATE OF DEATH

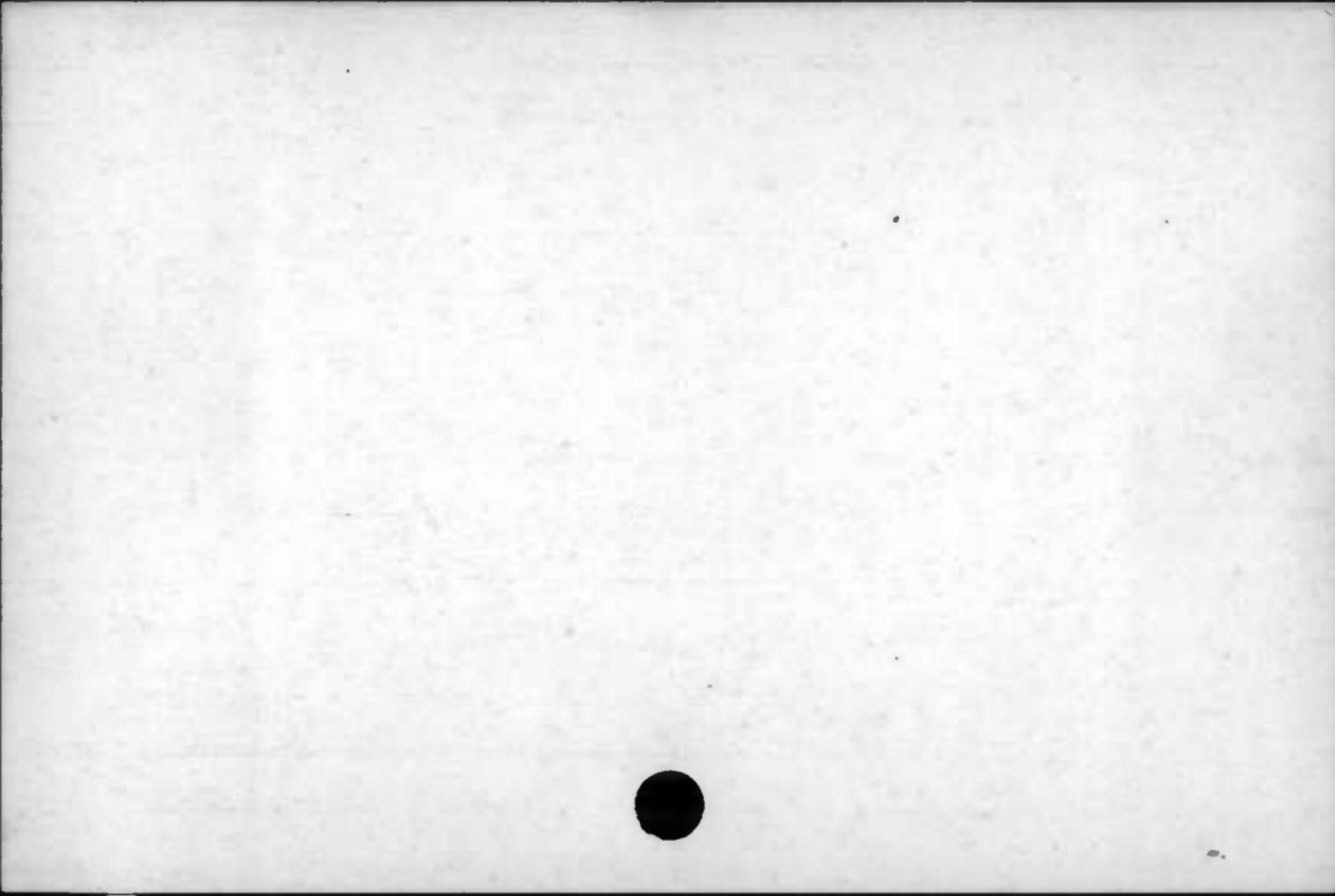
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Annascoat. P.O.		Baltimore			0	16
Date of death	Month	Day	Years	Age	Months	Days
1907	10	16	2	2	0	16
Sex	Color or Race		Where Residing if not at place of death		Birth-place	
Female	White				Annascoat P.O.	
Occupation						
None						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Thomas St. Wheeler.				Father's Birthplace	Annascoat P.O.
Mother's Maiden Name	Emma Annascoat.				Mother's Birthplace	Trenton, Md
Name of person giving information	Elisha Wheeler.				How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ilio-boldis	19	How long	2 whis.
Immediate	Muraps.		How long	2 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edgar M. Bush	
Yes.		Address	Hampstead, Md.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Harry Addison Wheeler

Town
Bowie

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

1907

Month
10

Day
15

Years

Months
3

Days
6

Age

Sex
Male

Color or
Race

white

Birth
place

Ind.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Thomas Wheeler

Father's
Birthplace

Ind.

Mother's
Maiden Name

Maggie E. Ford

Mother's
Birthplace

Ind.

Name of person giving
Information

Thos. Wheeler

How related
to deceased

Father -

CAUSES OF DEATH

157

Primary

Paroxysms

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Wheeler C. Eustis M.D.

Address

Cockeysville
Ind.

PHYSICIAN
OR CORONER

Accident or Suicide?

To be buried at ~~Blundell's~~
Church by me tomorrow
Please send permit by return
mail. S. W. Foster
Simmons

Name
in
Full

Mildred Leona Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

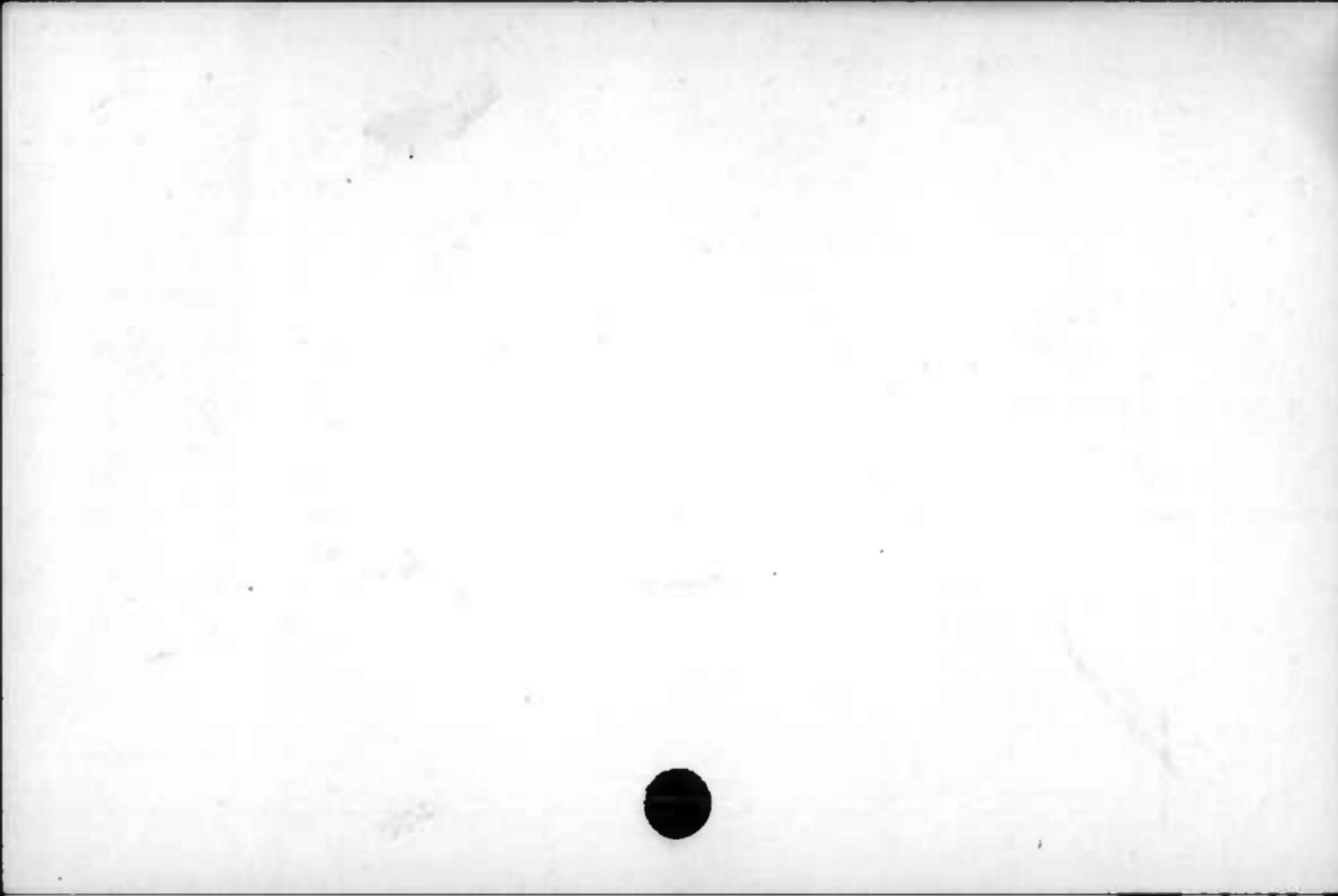
Died at	Town	County	MARYLAND
Bosley	Baltimore		
Date of death	Month	Day	Years
1907	10	29	Age
Sex	Color or Race	Where Residing if not at place of death	Birthplace
Female	white		Ind
Occupation			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Thomas Wheeler	Father's Birthplace	Ind
Mother's Maiden Name	Maggie Ford	Mother's Birthplace	Ind
Name of person giving Information	Thos. Wheeler	How related to deceased	father

CAUSES OF DEATH

151

Primary	Marasmus	How long	4 months -
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wilmer C. Ensor
		Address	Rockyville
Accident or Suicide?			Ind.

PHYSICIAN
OR CORONER



Name
in
Full

Wesley R. Whitaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND			
Date of death	1907	Month Oct.	Day 9th	Years 46	Months 10	Days 21		
Sex	male	Color or Race	White	Birth-place Harford Co.				
Occupation	Real Estate		Where Residing if not at place of death	near Delight, Balt. Co.				
Married, Single or Widowed	married	Name of Wife or Husband	Bertha M. Cannon-Whitaker					
Father's Name	Lloyd D. Whitaker		Father's Birthplace	Baltimore City				
Mother's Maiden Name	Elizabeth Stanbury		Mother's Birthplace	Harford Co.				
Name of person giving Information	Bertha M. b. Whitaker		How related to deceased	Wife				
CAUSES OF DEATH								
Primary	Struck by Electric car.		164	How long immediate				
Immediate	Fracture of skull base.			How long sudden				

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

H. Holliday Enrich

Arlington

Md.

Accident or Suicide?

accident

Lawh H. Krapp
-Greenough County,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Charles. H. White.

Died at Helen Muir		Town	Baltimore		County		MARYLAND			
Date of death 1907	Aug	Month	25	Day	Years	49	Months	5	Days	15
Sex Male	Color or Race White	Birth- place Baltimore								
Occupation Coachman	Where Residing if not at place of death									
Married, Single or Widowed Single	Name of Wife or Husband									
Father's Name Unknown	Father's Birthplace Unknown									
Mother's Maiden Name Unknown	Mother's Birthplace Unknown									
Name of person giving Information J. H. Ferguson elderly deceased	How related to deceased None									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Illuminating gas

156

How long

Unknown

Immediate

Asphyxiation

How long

"

Are the name, age, sex, color, date
and place correctly given above?

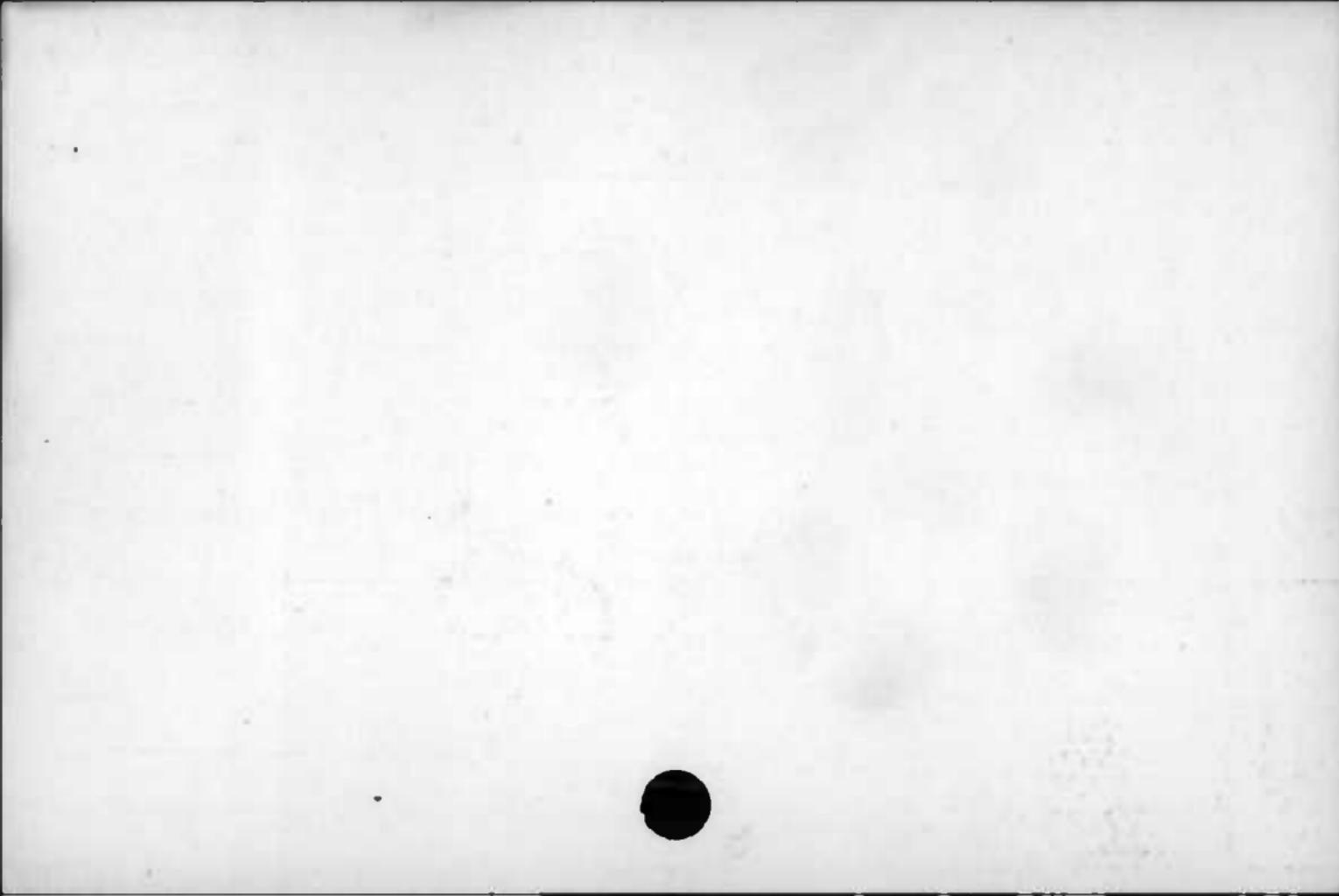
yes

Signature of
Physician

Henry B. Whately
Colored
Baltimore, Md.

Address

Accident or Suicide?



Name
in
Full

James Sherwood Why

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	10 th	30	1	4	19
Sex	Male	Color or Race	Colored		
Occupation	Nurse		Where Residing if not at place of death	Monkton	
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	William W Why		Father's Birthplace	Worsham	
Mother's Maiden Name	Cassetta (S) S		Mother's Birthplace	Black Horse	
Name of person giving information	William W Why		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

151

How long

4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J P Payne

Address

Corbett

Accident or Suicide?

2nd

Name
in
Full

Archibald Wilson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month Oct	Day 27	Age 68	Years	8 Months 5 Days
Sex	Male	Color or Race	white	Birth-place	Penn.	
Occupation	Supt. of C & P Telephone			Where Residing if not at place of death	Catonsville, Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A Wilson.			
Father's Name	Archibald Wilson Sr.			Father's Birthplace	Scotland	
Mother's Maiden Name	Amanda Thompson			Mother's Birthplace	Penna	
Name of person giving information	Mary A Wilson.			How related to deceased	wife	

CAUSES OF DEATH

62

How long

10 yrs.

2 mos.

PHYSICIAN
OR CORONER

Primary *Locomotor ataxia*

Immediate *Nephritis. dropsy.*

Are the name, age, sex, color, date and place correctly given above?

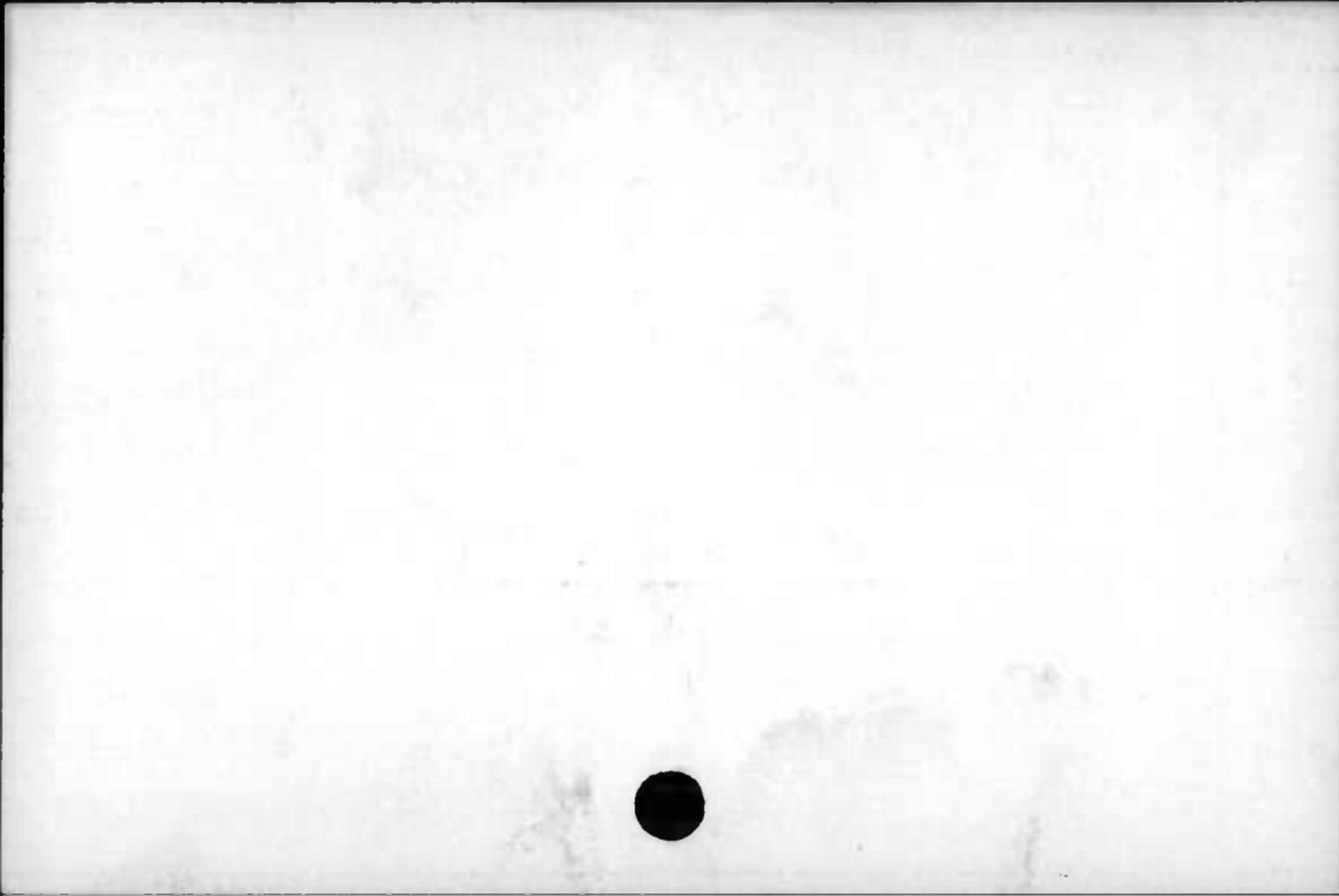
yes

Signature of Physician

Address

Marshall B. West,
Catonsville Md.

Accident or Suicide?



Name
in
Full

Emanuel J. Stitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Emanuel James Stitts		
Father's Name	William Stitts				
Mother's Maiden Name	Elizabeth Brown				
Name of person giving information	Annie Rebecca Stitts				
How related to deceased Wife					

CAUSES OF DEATH

Primary

Cold
Peritonitis

116

How long

9 days

Immediate

J. C. Schlieder M.D.
344 E Baltimore St

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?

PHYSICIAN
OR CORONER

R. J. Farmer

Baltimore County

Name
in
Full

William Zeller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bear Creek.

town

County

Baltimore

MARYLAND

Date
of death

1907

Month

October

Day

13th

Years

25

Months

8

Age

25

Sex

Male

Color or
Race

White

Birth-
place

Baltimore City Md

Occupation

Laborer

Where Residing if not
at place of death

25 S. Dallas Baltimore

Married, Single
or Widowed

Single

Name of Wife or
Husband

No wife

Father's
Name

George J. Zeller

Father's
Birthplace

Baltimore City

Mother's
Maiden Name

Elizabeth Lappin

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

Charles Zeller

How related
to deceased

Brother

CAUSES OF DEATH

172

How long

Primary

Accidental drowning

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

David A. Thompson Esq

Address

1500 Highland Ave

Baltimore County Md

PHYSICIAN
OR CORONER

Accident or Suicide?

Accident

1st Evangelical Lem.
H. Sander doors

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mukewon Colored Man				CERTIFICATE OF DEATH		
Died at	Tow. <u>Frengle</u>		County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>1907 October</u>	Day <u>29</u>	Years <u>64 years</u>	Months	Days	
Sex	<u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Not known</u>			
Occupation	<u>Unknown</u>		Where Residing if not at place of death			
Married, Single or Widowed	<u>1</u>	Name of Wife or Husband				
Father's Name	<u>Not known</u>		Father's Birthplace <u>Not known</u>			
Mother's Maiden Name	<u>"</u>		Mother's Birthplace <u>"</u>			
Name of person giving information			How related to deceased			
CAUSES OF DEATH						
Primary	<u>Stuck by Train.</u>		(166)			
Immediate	<u>No 73. P. R. R. Rail Road</u>		How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of <u>David A. Thompson</u>			
			Address <u>1500 Highland Ave</u>			
Accident or Suicide?			<u>Baltimore County Md.</u>			

Christiansburg
Bolton County, Tenn

Name
in
Full

Infant known

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at _____			County Dale Co		MARYLAND	
Date of death 1907	Month October	Day 17	Age Two years old	Months —	Days —	
Sex Male	Color or Race White		Birth- place			
Occupation None	Where Residing if not at place of death None					
Married, Single or Widowed X	Name of Wife or Husband X		Father's Birthplace —			
Father's Name Unknown	Mother's Birthplace —					
Mother's Maiden Name Unknown	How related to deceased —					
Name of person giving Information McName O'Brien						

CAUSES OF DEATH

176

Primary Lone Play	How long —
Immediate Crushed head	How long —

Are the name, age, sex, color, date
and place correctly given above?
—

Signature of
Physician

E. M. Deenace

Address

Gorhamstown

Thomas E. Deenace

Accident or Suicide?
—

Permit issued to
constable

George D. Myerly
to bury body at
Bucks Co almshouse

R. C. Massachusetts

Registrar